Operations Research (OR) End-Line Study Report on Community-Based Support (CUBS) for Female Orphans & Vulnerable Children & Caregivers in Nigeria

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Acknowledgements

We take this opportunity to thank Africare and MSH management staff especially Dr. Orode Doherty Country Director Africare who doggedly stood with us throughout the OR implementation, and Dr. Zipporah Kpamor Chief of Party, CUBS/MSH who jointly with Dr. Orode ensured continued financial, and administrative and oversight support from start to finish.

Special thanks to Shike Adekeye Senior Program Support Manager (Africare) who provided unwavering administrative support. Many thanks to Oby Onoh M&E Associate Director (MSH) who was there at the beginning of Operations Research Working Group (ORWG) to the end with other Technical Advisors who provided technical inputs and oversights to the OR process. Thanks to Ifeyinwa Okafor who served as OR Assistant for the period of the project. We thank Joshua Volle, Monitoring & Evaluation Director, (Africare, USA) who provided insightful technical comments and suggestions and detailed review of this report. Also, we thank Persaud Navindra, Global Technical Lead, Health Information Systems, (MSH, USA) for his technical and general review of the report.

We want to specially thank Africare/MSH regional staff in Akwa Ibom and Gombe states who were very supportive and instrumental in all our fieldwork visits. Thanks go to several other MSH/Africare staff in Nigeria and Overseas who at some point or the other provided useful technical suggestions and useful insights on the OR.

We also thank all our CSOs' staff in Akwa Ibom and Gombe states and their respective project beneficiaries who continuously cooperated with us and volunteered valuable project information.

The following CSOs participated in the OR implementation process in Akwa Ibom state.

1. Silverline Development Initiative (SDI)
2. Women & Community Livelihood Foundation (WOCLIF)
3. Applicants Welfare & National Development Center (AWANDEC)
4. Womenalive Development Initiative (WODIN)
5. Women United for Economic Empowerment (WUEE)

The following are the CSOs that participated in the OR in Gombe state.

1. Center for Community Health Development International (CHAD)
2. Doma Education Development Foundation (DEDF)
3. Knightingale Women & Health Initiative (KWHI)

We would not fail to thank our stakeholders at the state ministry of women affairs, and SACA in the two states who were very responsive to our series of questions and follow-ups. Lastly, we thank our colleagues at MiraMonitor Consulting Limited (MMC) who provided backend technical and administrative support to the CUBS OR process.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AWANDEC	Applicant Welfare & National Development Center
CBOs	Community Based Organization
CUBS	Community Based Support for OVC Project
CHAD	Center for Community Health Development International
CSOs	Civil Society Organizations
CRS	Catholic Relief Services
DEDF	Doma Education Development Foundation
FBO	Faith Based Organization
EGF	Enhanced Gender Focused (Strategy)
FCT	Federal Capital Territory
FGD	Focused Group Discussion
FOVC	Female Orphans and Vulnerable Children
GI	Group Interview
HIV	Human Immunodeficiency Virus
IP	Implementing Partners
IGA	Income Generating Activities
KWHI	Knightingale Women & Health Initiative
KII	Key Informant Interview
LGA	Local Government Area
MDAs	Ministries Department and Agencies
MSH	Management Sciences for Health
MOWA	Ministry of Women Affairs
M&E	Monitoring and Evaluation
NACA	National Agency for the Control of AIDS
NGOs	Non-Governmental Organization
OR	Operations Research
OVC	Orphan Vulnerable Children
RH	Reproductive Health
SDI	Silverline Development Initiative
STI	Sexually Transmitted Infection
SACA	State Agency for the Control of AIDS
USIPs	United Stated Implementing Partners
USG	United States Government
USAID	United States Agency for International Development
WOCLIF	Women and Community Livelihood Foundation
WODIN	Womenalive Development Initiative
WUEE	Women United for Economic Empowerment

Executive Summary

Research reveals that the number of orphans and vulnerable children in Nigeria continues to increase. The Nigerian DHS in 2008 reported that the overall rate of OVC in the under 18 year old population is now at about 10.5% of that population. Many studies indicate that female OVC are taking on the major burden of HIV/AIDS and are at increased vulnerability to sexual exploitation and HIV infection than are their male counterparts. The CUBS project was a 5-year project (2009 – 2014) for OVC jointly implemented by Management Sciences for Health (MSH) and Africare in 11 Nigerian states, and funded by the United States Government (USG). Its aim was to reduce some of the burdens facing OVC by providing them with a holistic service package focussing especially on addressing gender related issues surrounding vulnerability to HIV/AIDS and the burden of care placed on their caregivers.

Operations Research (OR) was implemented over a 15 month period, from January 1st, 2013 to March 31st, 2014 and focused on two of the implementation states under the CUBS project, Akwa Ibom and Gombe States. The key objectives for the OR were to provide evidence based information for fine-tuning project implementation, and to serve as a launch pad for future project implementation targeting FOVC and their caregivers. The OR included a baseline, rapid appraisal, and an end-line. This report focuses on the baseline and end-line surveys.

The research methodology was designed to be a participatory approach that involved ongoing dialogue with key stakeholders and partners in each state. Both quantitative and qualitative methods were used in this study. For the qualitative methods a two-stage purposeful sampling technique was employed in this study. The stages of sampling were the selection of intervention communities and then the FOVC and their respective caregivers living in those purposefully selected communities. Qualitative data collection included three sub-populations: the community, the CSOs, and MDAs/CUBS regional staff who were knowledgeable about the CUBS project, especially beneficiaries who participated in project activities for at least a year and CSOs staff with institutional memory were interviewed. Purposefully selected FOVC and caregivers, who had completed a structured questionnaire, were invited to participate in FGDs. Other qualitative instruments employed in data collection included key informant interviews (KII), and group interviews (GI) with community leaders, state level MDA officials, and CUBS regional staff.

Descriptive results show that more FOVC lived in rural communities, were aged 15 or younger, and were mostly Christian in Akwa Ibom and Muslim in Gombe. Also, most FOVC were single, lived with their mother, were of low socioeconomic status (SES), and were in JSS 3 or lower or not in school.

Key factors influencing FOVC vulnerability were poverty, peer pressure, lack of information about HIV/AIDS, ignorance, lack of care and close monitoring, early

sexual debut, hawking, and polygamy. These factors varied across the two states and across communities as well.

The main findings of this study were that the education strategy had significant effect on FOVC in the intervention compared to their counterparts in the control sub-groups. More of FOVC in the intervention than their control group counterparts reported that they; (1) received support for schooling, (2) were enrolled in school, and (3) received vocational training.

Similarly, findings suggest significant difference in reproductive health (RH) indicators between intervention and control communities in the two states. More FOVC in the intervention than their control group contemporaries; (1) received information/services on sanitation and personal hygiene, (2) received information/services on HIV/AIDS and other STIs, and (3) know that abstinence from sex is a way of preventing HIV/AIDS, (4) know that avoidance of unsterilized needles/sharp instruments prevents HIV/AIDS, and (5) reported being tested for HIV.

Also the findings suggest that more of the caregivers in the intervention reported being involved in IGA and were more likely to report that their involvement in an IGA changed their lives and that of their family for the better than did the comparison caregivers.

These findings show that CUBS project may have contributed to the increase in the performance of each of the main indicators on educaton, RH and IGA in the intervention communities compared to their control group counterparts in the two states.

Findings showed that risky sexual behavior varied significantly by background characteristics. FOVC who had ever had sexual intercourse differ from non-sexually active females with respect to background characteristics such as: age, residence, study timeline, religion, and SES. In addition, the quantitative results suggest that more FOVC in the comparison sites than in the intervention sites reported that they; (1) ever had sexual intercourse and (2), were sexually active at the time of the end-line fieldwork.

In addition, study results showed that each of the strategies contributes to the likelihood that FOVC will adopt sexual abstinence behavior but the magnitudes of effects differ. FOVC who ever received support for schooling were 1.6 times as likely as those who did not receive support for schooling to abstain from sex. Similarly, results for other indicators showed that those who received information on HIV/AIDS and other STIs were 1.7 times as likely to abstain from sex;if the caregiver was engaged in a business venture the FOVC was similarly 1.7 times as likely to abstain from sex , while FOVC who simply had the knowledge that abstinence is a way of preventing HIV were 7.2 times as likely as those who did not have this knowledge to abstain from sex.

Recommendations

Future projects targeting FOVC and their caregivers should simultaneously engage the three strategies because each has a unique way of influencing the different segments of FOVC in the communities. Programming would need to take into consideration background characteristics to be able to tailor specific information/services to specific sub-groups of FOVC and their caregivers across the two states and contexts.

Programs targeting FOVC and their caregivers should focus more attention to the RH strategy than other strategies and activities should be provided through key effective channels like girls clubs, peer group approach, caregivers training and mentoring and school counsellors trained for such purposes. Programming should take into cognizance differences in sub-groups across the two states, contexts, and background characteristics, to achieve quality of life for FOVC and their caregivers.

It is important that OR be imbedded in programing right from the start to ensure evidence based feedback vital to program review for efficiency and impact.

I. Introduction

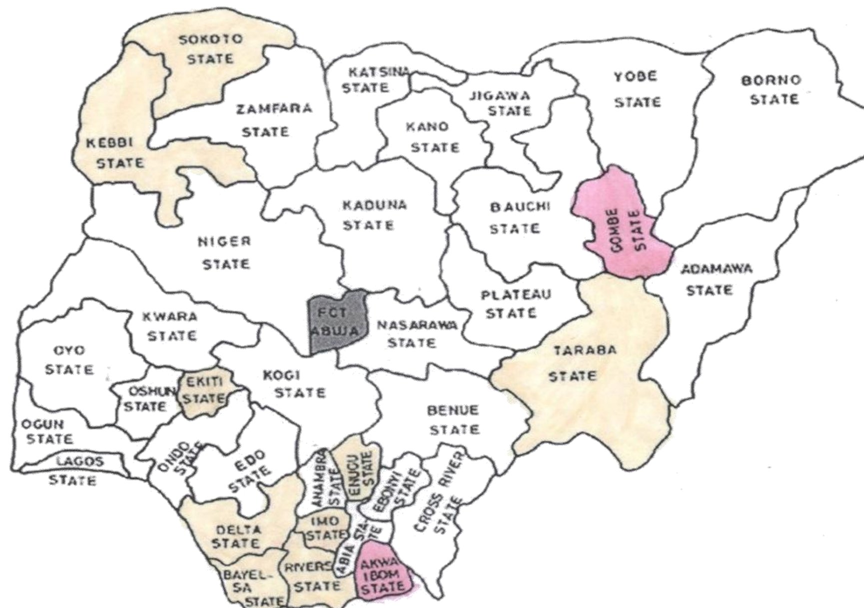
Statistics showed that the total number of AIDS orphans (excluding vulnerable children) increased from 2.17 million in 2008 to 2.19 million in 2012 (1). A breakdown of the results of the 2008 Nigeria Demographic and Health Survey (NDHS) suggests that the largest age strata percentages of orphans and vulnerable children (OVC) are the age groups 10-14 (14.3%) and 15-17 (18.7%) (2). NDHS further goes on to show that the overall rate of OVC in the less than 18 year old category is 10.5%. Female Orphans and Vulnerable Children (FOVC) aged 17 or younger are believed to bear the greatest burden of HIV/AIDS compared to their male counterparts (3, 4, and 5). Also, FOVC are more exposed and vulnerable to exploitation and risks while trying to meet basic needs. Factors that increase their susceptibility include gender bias, poverty, age, culture, social class, social status, reinforced by household politics which undervalues women and girls making them voiceless and powerless (6,7). At the household level, FOVC burden primarily become the responsibility of female caregivers, most of whom are usually less prepared economically, materially and psychologically to deal with the challenges they face from their communities.

The CUBS project was a 5-year project (2009 – 2014) for OVC jointly implemented by Management Sciences for Health (MSH) and Africare in 11 Nigerian states, and funded by the United States Government (USG). Its aim was to reduce some of the burdens facing OVC by providing them with a holistic service package focussing especially on addressing gender related issues surrounding vulnerability to HIV/AIDS and the burden of care placed on their caregivers.

Akwa-Ibom State Key Features: Akwa-Ibom State is located in the Southern region of Nigeria. It is highly diversified and rich in crude oil, and palm products. The state has a mixed culture due to the presence of multinational companies carrying out oil exploration and drilling. In 2008, HIV prevalence was reported to be 6.5% in the state, a decline from the earlier reported figure of 10.9%. In Akwa-Ibom state 10.2% of children less than 18 years of age are orphans who have lost both parents and a total of 13.7% are considered to be orphaned and/or vulnerable. An estimated 32% are expected to be living in a home without their siblings. Furthermore, there is very little support for OVCs in the state. The teenage pregnancy rate was 13.9%, and 15.1% of girls aged 15-19 already began childbearing (2).

Gombe State Key Features: Gombe state is located in the north eastern part of Nigeria. It is a mixed religion state, and farming is the major occupation of the people in the state. The 2008 NDHS report showed that about 1.2% of children under the age of 18 have lost their father while about 1.1% of the children within this same age have lost their mother. Overall, approximately 8.2% of the children are believed to be orphaned and/or vulnerable. An estimated 47% of OVC are living in homes without their siblings. Less than 10.0% of OVCs have received medical, emotional, social and/or any school-related support (2).

Figure 1: Map of Nigeria showing 11 CUBS implementing states, & the two OR states



Note: The two states shaded pink are the Operations Research (OR) States, while the remaining nine CUBS states shaded peach were not involved in the OR. The Federal Capital Territory (FCT), Abuja is colored dark grey

An important aspect of the CUBS project is the introduction of Operations Research (OR) framework for piloting the most impactful approaches to FOVC and female caregivers' service delivery based on the approved gender strategy (8). In March & April 2010, the Enhanced Gender Focused (EGF) strategy was developed to strengthen gender programming on risk and vulnerability to HIV/AIDS (9, 10).

Key strategies of the program

Enhanced gender-focus: Strengthening government and community systems support to address gender inequity in OVC programming.

- Reduced vulnerability of female OVC to HIV/AIDS and other STIs.
- Reduced burden of care for OVC female heads of households.
- Reduced vulnerability of female heads of households to HIV/AIDS and other STIs

Education: Education is increasingly becoming a key factor in the fight against HIV/AIDS especially among disadvantaged sub-groups like FOVC because of its

potential benefits in terms of enlightenment, empowerment, poverty reduction, and better livelihood. A key component of the CUBS programming for FOVC includes addressing the obstacles to OVC enrolment and school attendance. Findings from a 2008 OVC assessment of factors responsible for dropout revealed that 45% reported financial problems, death of parent/caregivers (14%), and early marriage (5%), as major factors for dropping out of school (6,13). Also, the OVC assessment reported that of the 76% of OVC that were in school, there were gender disparities between males (54%) and females (45%) (14) and school attendance.

Findings from a 2011 Catholic Relief Services (CRS) project close-out evaluation report in seven dioceses in the North-West and North-Central regions of the country revealed that the majority (63%) of OVC aged 6-17 interviewed reported improved livelihood as a result of the educational/vocational skills training that they received (15).

Income Generating Activities (IGA): It is documented in the literature that a key strategy critical to care and support and improvement of the well-being of OVC and their household is economic strengthening strategies in the form of IGA. IGA provides a safety platform for attenuating the economic and psychosocial effects of HIV/AIDS on OVC and their family.

Between 2004 and 2010, Africare implemented the WISE project among 3,030 Nigerian women and 117 female sex workers. Results showed that the majority (60%) secured jobs, of which 13% reported gainful employment, and 87% owned a business. Most importantly, findings from the WISE project showed an inverse relationship between income level and high risk behaviour among the project beneficiaries (16). Similar projects implemented in Nigeria (17), Mozambique and Namibia (6, 18) showed improved livelihood among OVC caregivers who participated.

Reproductive Health: In Nigeria, reproductive health (RH) issues are pivotal to improving the quality of life of female adolescents, and statistics show that they are most vulnerable to early sexual debut, early marriage, and unplanned pregnancy (19). The 2008 NDHS report showed that 14% of FOVC aged 15-17, reported sexual intercourse before age 15. And on teenage pregnancy and motherhood, the NDHS showed that 22.9% of females aged 15-19 had begun childbearing. Of these, 18% already had a live birth, and 4.8% were pregnant for the first time (2). These figures demonstrate a considerable amount of female adolescents with exposure to HIV and other STIs. These sexual behaviours of female adolescents can prove to be impediments to their quality of life and empowerment.

II. Methods

Operations research was a key component of the CUBS project and was carried out in two purposively selected states in Nigeria: Akwa-Ibom in the southern region, and Gombe state in the northern region. The OR was implemented between January 1st, 2013 and May 31st, 2014. The first round of fieldwork for the study was conducted in May & June 2013, and findings disseminated in September & October, 2013. And the end-line fieldwork was carried out in February & March 2014, with the presentation of findings in May 2014.

Figure 2: The overall approach to this study is a longitudinal cross-sectional assessment pre and post intervention.

	1st Assessment	Intervention	2nd Assessment
Intervention Group	X	O	X
Comparison Group	X	-	X

05/2013 → 5/2014

A. Study purpose

The operations research (OR) was designed in order to evaluate and document innovative best practices with respect to education, income generating activities (IGA), and reproductive health (RH) strategies for reducing the risk and burden of HIV/AIDS and other STIs on female adolescents and those of female heads of households.

The short-term OR objective was to provide empirical information for fine-tuning the CUBS project programming to improve effectiveness and the impact it is having on FOVC and their caregivers. The long-term objective was to serve as empirical evidence for future programming on FOVC and their caregivers in the future.

1. OR Questions

The two main questions are:

1. Have these interventions: (a) education, (b) introduction of Income Generating Activities (IGA), and (c) reproductive health training as implemented in the CUBS project led to any changes in the lives of female OVC?
2. Which of the interventions has led to the greatest reduction in the risk taking behaviour of female OVC?

These two framing questions provided focus for this report bringing in insights from both quantitative and qualitative data analysis and inferences.

2. Key Research Indicators

Education sector

- Indicator I: Proportion of FOVC ever received support for schooling (whether they ever received information/services on education).
- Indicator II: Proportion of FOVC currently enrolled in school (whether they were enrolled at the time surveys were conducted).
- Indicator III: Proportion of FOVC ever received vocational training (whether they ever been involved in vocational skills training)

Reproductive Health Sector

- Indicator IV: Proportion of FOVC who received information on sanitation, and personal hygiene (cleanliness)
- Indicator V: Proportion of FOVC who received information about HIV/AIDS and other STIs
- Indicator VI: Proportion of FOVC who reported abstinence from sex as a way of preventing HIV/AIDS
- Indicator VII: Proportion of FOVC who reported ever been tested for HIV

Income Generating Activities sector

- Indicator VIII: Caregiver reported involvement in IGA
- Indicator IX: Caregiver involvement in IGA changed life of the family for the better

B. Data Collection Methods

The research methodology was designed to be a participatory approach that involved ongoing dialogue with key stakeholders and partners in each state. Eight Civil Society Organizations (CSOs), five in Akwa-Ibom and three in Gombe state participated in the research at the community level. Details of the names of communities visited during the study are in the Appendix of this report.

The OR was made up of three specific and interlocking approaches:

1. Quantitative and qualitative assessments of female OVC and their caregivers,
2. Qualitative assessments of the community, the implementing CSOs, state level MDAs, and MSH/Africare regional staff, and
3. Information obtained from a review of project documents including program reports, manuals and other project documents.

1. Target Population

The OR was carried out in Gombe and Akwa-Ibom states, which represent the northern and southern regions of Nigeria respectively. The two states were purposefully selected because they met more of the study criteria than the other nine participating CUBS states.

Criteria for selection:

- Existing data adequately reflecting needs of adolescent girls and female headed households.
- Local Government Authorities (LGAs) have at least 50 households needing enhanced gender focused strategy.

- Existence of CBOs with gender focus programming.
- Socio-cultural environment favourable to modelling and piloting of intervention strategies, and
- Cost-effectiveness in meeting CUBS project targets among other considerations.

Seventeen intervention communities were systematically selected in Akwa Ibom state (3 urban and 14 rural), and 12 systematically selected in Gombe state (5 urban and 7 rural). The number of communities per state and, per CSO was determined based on the number of FOVC registered at the time of study. Eighteen adjacent non-intervention communities (close to selected intervention communities) were selected for Akwa Ibom states (4 urban and 14 rural), and seven were selected in Gombe state (2 urban and 5 rural). Where there was no adjacent non-intervention communities, others within reasonable proximity were selected.

The target groups in the intervention communities for the study were: female OVC aged 10-18 and their respective female caregivers (included a few male caregivers) all of who had participated in the intervention. Both qualitative and quantitative techniques were employed for data collection and analysis, and involved stakeholders who provide services to the female OVC and their caregivers.

The comparison groups have similar characteristics as the intervention groups i.e. they are FOVC aged 10-18 and female caregivers who qualify for the key interventions but are not participating in the CUBS program.

C. Quantitative Structured Survey

A two-stage purposeful sampling technique was employed in this study. The stages of sampling were the selection of intervention communities and then the FOVC and their respective caregivers living in those purposefully selected communities. Required samples of FOVC for each state was proportionately apportioned across the selected intervention communities based on the number of registered FOVC in the community. Both the baseline and the end-line study included all eight CSOs that participated in the CUBS project in the two states.

1. Survey Questionnaire

Survey instruments for the baseline and end-line study included background characteristics of target populations and sections on the strategies of the intervention implemented in the CUBS project including: education and vocational training, economic strengthening (IGA), psychosocial support, and legal support strategies. Also, survey instruments included questions on positive change and empowerment as a result of exposure to the CUBS programming.

Both the qualitative and quantitative instruments included retrospective questions on the situation of the beneficiaries and programming strategies at the

beginning of the CUBS project. Findings will enable the reconstruction of programming information dating back in time to the start of the project.

2. Survey sampling procedures

Sample Size Determination: The sample size was mainly determined by (1) probability of exposure vs. non-exposure ($n = Z^2 \times p(1-p)/m^2$), (2) cost consideration, and (3) time factor.

> n = minimum required sample size
> Z = confidence level at 95% (standard value of 1.96)
> p = most current estimate of OVC prevalence in Akwa-Ibom state as of 2012 = 13.6%
> m^2 = margin of error at 5% (standard value of 0.05)
> Adjustment for design effect of 1.5 (due to cluster sampling)
> Adjusted for refusal rate of 9%

Our sample size decisions weighted more on cost, time, and parsimony with the intent of achieving the most with the least possible requirements. The sample was then increased by 9% to deal with the non-response rate; either due to person not at home, refusals, sickness, relocation, or other unavoidable circumstances.

Sampling of female OVC aged 10-18: For both rounds of the survey the sample size calculation resulted in the need for a total of 300 female OVC aged 10-18 for the non-intervention communities and 700 for the intervention communities.

The study used an updated list of beneficiaries as the sample frame for the intervention group, and the list of eligible female OVC that are not beneficiaries was generated and used as the sampling frame for the comparison group. (Sampling fraction $k = N/n$). A computer generated number was used to identify a random start in the sample frame, after which each subsequent selection was made using a sampling fraction.

The sampling team then applied a systematic sampling approach to the selected LGAs by using the probability proportion to size (PPS) methodology. For the end line survey the sample size was based on the baseline plus an additional 15%.

Sampling of female caregivers: In addition, a total of 800 female caregivers (intervention = 500 and, comparison = 300) were systematically sampled in the selected communities with PPS. Updated lists of female caregivers for beneficiaries and for non-beneficiaries were used as sample frames respectively. In order to allow for a comparison among waves of data collection, methodologies for the end-line quantitative data collection were the same as the baseline.

A Rapid Appraisal (RA) was carried out between the baseline and the end line. The purpose of the RA was to obtain a quick status report of the CUBS project implementation in the two states, and to obtain feedback on the integration of the OR baseline findings in activities programming. A small sample of 202 FOVC was selected from a few of the urban and rural intervention sites (Akwa Ibom =

101 vs. Gombe = 101). The RA findings are not comparable to that of the baseline and end line, and are not included or discussed in this report.

Table 1 shows the distribution of surveys that were conducted in each state during the life of the OR. All survey data were collected from female OVC aged 10-18 and their respective female caregiver who are direct beneficiaries of the CUBS project.

Table 1: Quantitative data sample size calculations per state

Type of Stakeholder	Baseline	Rapid Appraisal	End-Line
Female OVC aged 10-18	Intervention = 700 Comparison = 300	202	Intervention = 805 Comparison = 345
Female caregivers	Intervention = 500 Comparison = 300	N/A	Intervention = 575 Comparison = 345

3. Data collection procedures

Ten female university graduates, who spoke the local dialect, participated in the data collection in each state. All data collectors participated in a one-day training which involved explanations on sections of the questionnaires, how to ask each question, translation to the local dialect, and sensitivity issues. Training also included pre-test of the questionnaire among data collectors and other females at the training site. Response time for a 20-page questionnaire during pre-test was about an hour but this was reduced to between 35 to 40 minutes after a few questionnaires were administered. FOVC and caregivers were taken through a consent form which is the first page of the questionnaire, and a thumb print or signature was obtained as proof of consent. Those who volunteered information were provided with either snacks or fixed transportation fares based on what is acceptable in the community.

The field teams in each state were divided into two teams; each comprising a team leader, two supervisors, and five data collectors. Fourteen days was expended in data collection working with a CSO for between 2-3 days in their respective intervention and non-intervention communities before moving to the next CSO. For quality control, team leaders and supervisors were experienced data collectors who were also direct employees of MiraMonitor Consulting. They were responsible for supervision of data collectors and all qualitative data collection. Also, most of the data collectors participated in data collection for both the baseline and end line and had multiple exposures to training and questionnaire administration. The team leaders and supervisors reviewed completed questionnaires on a daily bases for omissions and inconsistencies in responses which they then worked with the data collector to correct.

4. Data entry and analysis

Ten percent of all completed questionnaires were sampled and reviewed for consistency and edited by the principal investigator and field team leaders.

Experienced data clerks extracted responses into customized SPSS data templates. Incomplete questionnaire were discarded during the data entry. Also, data control included initial frequency runs of key variables and transformation, and data cleaning. Data analysis employed univariate, bivariate (chi-square test), and multivariate logistics regression techniques. Multivariate analysis provided a platform for determining the most influential strategies of the CUBS project among FOVC in the two states.

D. Qualitative Data & Methods

Qualitative data collection includes three sub-populations: the community, the CSOs, and MDAs/CUBS regional staff. Similar questions were asked of each group to obtain various perspectives and bring out emerging themes. Only interviewees knowledgeable about the CUBS project, especially beneficiaries who participated in project activities for at least a year and CSOs staff with institutional memory were interviewed. Purposefully selected FOVC and caregivers, who had completed a structured questionnaire, were invited to participate in FGDs. Other qualitative instrument employed in data collection included key informant interview (KII), and group interview (GI) with community leaders, state level MDA officials, and CUBS regional staff.

For the baseline qualitative assessments, in Akwa Ibom state, the OR included 3 FGDs for female OVC aged 10-18 (2 intervention vs. 1 comparison), 5 FGDs for caregivers (3 intervention vs. 2 comparison), 3 FGDs for community leaders (2 intervention vs. 1 comparison), and 5 group interviews (GIs) for CSOs implementing the CUBS project. Also, qualitative data collection included 1 GI and 1 KII for MDAs focal staff and 2 KIIs for CUBS regional staff working directly with the project implementation. In Gombe, 4 FGDs were conducted for FOVC (2 intervention vs. 2 comparison), 4 FGDs for caregivers (2 intervention vs. 2 comparison), and 4 FGDs for community leaders (2 intervention vs. 2 comparison). Also, 3 GIs were conducted for CSOs staff, 1 GI and 1 KII for MDAs focal staff, and 2 KII for CUBS regional staff.

At end line, in Akwa-Ibom state, a total of 21 FGDs were conducted at the community level, 8 for FOVC (6 intervention vs. 2 comparison), 10 for caregivers (6 intervention vs. 4 comparison), and 3 for community leaders (2 intervention vs. 1 comparison). Also, 5 GIs were conducted among CSOs staff, and 3 KIIs were conducted for other stakeholders (MDAs = 2 vs. CUBS regional staff = 1). In Gombe state, a total of 12 FGDs were conducted at the community level, 4 each for FOVC (2 intervention vs. 2 comparison), caregivers (2 intervention vs. 2 comparison), and community leaders (2 intervention vs. 2 comparison). In addition, 4 GIs were conducted (CSOs staff= 3 vs. CUBS regional staff = 1), and 2 KIIs conducted with MDAs officials.

Rapid appraisal obtained qualitative information from all categories of stakeholders. At the community level (only intervention), 4 FGDs were conducted among FOVC, 4 for caregivers, and 4 for community leaders equally split between the two states (Akwa Ibom = 6 vs. Gombe = 6, 2 per category respectively). Eight

GIs were conducted for CSOs (Akwa Ibom = 5 vs. Gombe = 3), 4 KIIs for MDAs equally split between the two states, and 2 GIs, 1 per CUBS staff in each state. The RA was geared mainly to obtain quick status update and influences of baseline findings on the CUBS project implementation process.

Table 2 shows the distribution of qualitative interviews and FGDs that were conducted in each state during the life of the OR.

Table 2: Qualitative data collection techniques by numbers expected per state

Type of Stakeholder	Baseline	Rapid Appraisal	End-Line
Female OVC aged 12-17	Intervention = 4 FGD Comparison = 3 FGD	Intervention = 4	Intervention = 8 FGDs Comparison = 4 FGDs
Female caregivers	Intervention = 5 FGD Comparison = 4 FGD	Intervention = 4	Intervention = 8 FGDs Comparison = 6 FGDS
Community leaders	Intervention = 4 FGD Comparison = 3 FGD	Intervention = 4	Intervention = 4 FGDs Comparison = 3 FGDs
CSOs	8 GIs	8 GIs	8 GIs
MDAs (SMoWA, SACA)	2 GIs, 2 KIIs	4 KIIs	4 KIIs
CUBS regional staff	4 KIIs	2 GIs	1 KII, 1 GI

Note: GI = group interview, and KII = key informant interviews, FGD = focus group discussions.

1. Data Collection Guides

All instruments used open-ended question format and included questions on how exposure to programming has changed behaviors and the quality of lives of female OVC exposed. Also, qualitative instrument questions focused on uncovering insights on interventions that have had greatest positive effects on risk taking behaviors of female OVC and female caregivers. In addition, qualitative instruments examined reasons that strategies worked or did not work, challenges, best practices, lessons learnt, and how to fine-tune programming strategies for more effectiveness and impact.

2. Data collection procedures

Qualitative guidelines used in the end-line study included questions on knowledge about the CUBS project, factors influencing FOVC vulnerability, types of services received, project achievements, strategies and impact, and behavior change, challenges and constraints, best practices and lessons learned, and suggestions.

Data collection was carried out by MMC staff; team leaders and supervisors who were experienced FGD moderators and note takers. MMC staff reviewed questions during a one day training session before proceeding to the field. At least two of MMC team had good understanding of the cultural contexts and language or dialect spoken in the states. The community level instruments were pre-tested

by local qualitative data collectors in the two states. On average, the FGDs and KIIs were conducted over a period of about one hour. FOVC and caregivers who participated in the qualitative sessions were purposively selected among sampled quantitative survey respondents and asked if they would like to participate in the follow-on qualitative session; a similar selection process was used for the comparison group respondents. Community leaders were primarily drawn from among those who knew about the project and were willing to participate in the FGD sessions. CSOs, MDAs, and CUBS respondents were key staff with institutional memory about the project. For quality control, only experienced MMC staff moderated FGD sessions, conducted KII and GI, and took notes. Each qualitative session was taped to enable triangulation of information and fill gaps in information as needed. Qualitative data were reviewed daily for substantive areas, ambiguity, and clarity.

3. Data entry and analysis

Tapes in the local dialects were translated and transcribed and transcripts reviewed by an outsider (third party validation) with good understanding and experience of the local language. Transcripts were enriched with notes taken during the sessions. Transcripts were formatted into sections in Excel Spreadsheets and coded using most common words and concepts central to thematic issues addressed in the qualitative sessions. Transcripts were reviewed at least twice before coding was done. Phenomenological tenets were the guiding principles employed in the analysis, i.e. contextual understanding of meaning of words and concepts. Data analysis were at community, CSO, and MDA/CUBS regional staff levels. Words and concepts were combined based on their relationships to form emerging themes which formed the bases for the qualitative findings. Findings were strengthened by triangulating emerging themes at the three levels of analysis.

E. Ethical Considerations

1. Confidentiality & Consent of Target Group

The OR followed the fundamental human rights of female OVC aged 12-17 and their caregiver's privacy with regards to confidentiality and informed consent; independent decision or willingness to participate in the study based on adequate information that was provided during the initial screening of prospective study participants. Screening involved eliciting willingness and decision to participate in the OR and was conducted separately for both female OVC and their caregivers in the respective communities.

Caregivers of female OVC that are systematically sampled from the list of beneficiaries were contacted and a consent form was administered to seek their consent to participate and ask for their permission to allow the female OVC under their care to participate as well. The screening forms were administered first to female caregivers of FOVC and then a separate form was administered to the female OVC in order to obtain her independent assent to participate.

The consent/screening forms (See Appendix) included information on the purpose of the OR, how they were selected (unbiased) for the study, the level of their own involvement and that of their female OVC. The consent/screening forms also included any potential benefits or risks as well as a description of the content of the instruments that were used.

2. Protection of Human Subjects

On April 30th, 2013, OR protocols and instruments were approved by the National Health Research Ethics Committee of Nigeria (NHREC). Also, the Principal investigator obtained certification from NHREC and West African Center for Bioethics (WACB) to conduct the OR. All data sets elicited during the course of the OR obtained consent and confidentiality of the respondents.

III. Strengths and limitations

A. Quantitative Data

- The end-line survey samples were boosted by 15% to ensure adequate data for robust analysis.
- Both baseline and end-line survey data sets were combined to increase data size and flexibility for robust analysis and insights.
- Data analysis was done at three levels; univariate, bivariate, and multivariate using significant tests and logistics regression.
- The majority of FOVC and their respective caregivers were linked in the combined data sets to enhance modeling of the three key strategies examined in this study.
- Multivariate analysis included models controlling for key independent variables.

B. Qualitative Data

- More qualitative data were elicited than planned especially at the community level, thus strengthening triangulation of findings and theoretical representation of emerging themes.
- The data enabled for clarification and analysis of key words and concepts.
- Data was elicited from multiple sub-populations i.e. community level, CSOs level, and MDAs/CUBS regional staff levels. This enriched the analysis and triangulation of findings.

C. Overall Limitations

- Calculated sample sizes were not achieved in the baseline survey (for comparison sites only).
- Some FOVC who participated in the CUBS project at the beginning graduated from the project and some moved to attend institutions

outside the intervention communities, while some relocated to non-intervention communities.

- Due to the closeness of some of the intervention and comparison communities, it is possible that there was interaction between intervention and comparison sites during the course of the program leading to a sharing of information.
- Most questions in the quantitative and qualitative instruments were retrospective in nature thus, increasing risk of memory lapse in responses especially on events that happened at the early stage of the CUBS project.
- Some program implementation staff with institutional memory left the CUBS project when the end-line fieldwork took place.

IV. Results

In the planning stage of this study the sample size was calculated so that we would interview 700 FOVC who had participated in the interventions and 300 FOVC who had not participated in any of the CUBS interventions. This was to be the guiding sample size for both the baseline and the end line surveys. This sample size was reached when looking across both States but was not achieved within each state. We were unable to reach the sample sizes for the following reasons:

1. The CSOs were not well informed about the importance of the OR at the beginning which reduced their full support and involvement in general.

2. This lack of understanding of the OR also affected their ability to mobilize beneficiaries (FOVC & their caregivers) in the communities.

3. Initial funds for mobilization of beneficiaries were inadequate. Fieldwork had commenced before additional funds for mobilization arrived especially in the first state visited.

4. Since the baseline was the first entry point of the OR to the CUBS project, most stakeholders at all levels had little understanding of its implementation and this affected tacit support. Most of the initial challenges with respect to funds and general support were attenuated as the OR progressed and became well understood.

We addressed the shortfalls in sample sizes for the comparison sites in the end-line study by obtaining equal samples for both intervention and control sites. We boosted end-line samples by 15% to ensure disaggregated analysis as needed. We combined the baseline and end-line data sets to enable us tease out possible effects of the OR interjection in the CUBS project implementation, and to add more rigor and robustness to analysis. We chose not to combine the two state data sets during analysis due to the vast cultural differences that would then be impossible to describe and which we felt were valuable in order to understand the interventions as they are implemented in various cultural settings.

This section presents findings on the background characteristics of FOVC and their caregivers. It also examines the two framing questions of the OR with insights from both the quantitative and qualitative data.

A. Female OVC demographics

Each state is assessed separately because of their unique cultural differences. Table 3 below provides an overview of the basic background demographics for each state.

Similarities

The FOVC in Akwa-Ibom State were more likely to live in rural communities, were aged 15 or younger, and were Christians. Also, most FOVC who participated in the study were single, lived with both of their parents or their mother, and were of low socioeconomic status (SES).

In Gombe State the FOVC in both intervention and comparison sites were relatively evenly distributed between urban and rural sites. The majority of girls were aged 15 or younger, were Muslims, and single. Also, large majority of the FOVC lived with their mothers only and were of low SES.

Differences
There are a few ways that these two states appear to be different from one another. For example, in Akwa-Ibom state there appear to be more FOVC who are living in rural settings than in Gombe State. Also, there are more FOVC in Gombe State living with just one parent; slightly more are living in the low SES category, and fewer who have gone beyond Primary school. These important differences led the decision to not combine the data across the two states.

In examining the demographics between the comparison sites and the intervention sites there are a couple of characteristics that may show that the two populations are not exactly comparable. For example, in Akwa-Ibom there are higher rates of living in rural areas among intervention FOVC, higher percentage of FOVC who are below the age of 12, higher percent among comparison FOVC who live with some other relative, and more FOVC who are currently not in school. In Gombe State we find that there are slightly more FOVC in the comparison group who are younger than 12 years of age, more in the comparison group who live with both parents and more in the comparison group who are not currently attending school.

Table 3: Intervention and Comparison FOVC demographics by state

	Akwa-Ibom		Gombe	
	Intervention	**Comparison**	**Intervention**	**Comparison**
Total (N)	**859**	**583**	**753**	**377**
Study Timeline				
Baseline	43.5% (374)	21.4% (123)	46.9% (352)	27.9% (106)
End-line	56.5% (486)	78.6% (459)	53.1% (400)	72.1% (272)
Place of Residence				
Rural	90.5%	76.8%	54.9%	59.6%
Urban/Semi-urban	9.5%	23.2%	45.1%	40.4%
Age of FOVC				
12 or younger	43.8%	32.9%	43.7%	55.2%
13 – 15	39.8%	42.1%	33.1%	27.9%
16 -17	13.2%	21.1%	17.2%	15.3%
18 or older	3.2%	3.9%	6.0%	1.7%
Religion of respondent				
Traditional-others	3.4%	3.3%	6.3%	2.4%
Christianity	96.2%	96.2	34.4%	37.2%
Islam	0.4%	0.5%	59.3%	60.3%
Marital status				
Single	98.6%	99.1%	98.3%	99.1%
Married/were married	1.4%	0.9%	1.7%	0.9%
Living arrangement				
Mother only	30.4%	31.0%	63.4%	65.5%
Father only	9.8%	7.9%	7.1%	4.4%
Both parent	34.9%	29.0%	6.0%	17.3%
Grand parents	15.2%	15.0%	11.7%	5.8%
Other rel./guardians	9.7%	17.1%	11.8%	7.0%
Socioeconomic status-SES1				
Low SES	82.8%	82.0%	96.5%	98.7%
Medium SES	17.2%	18.0%	3.5%	1.3%
Current class of FOVC at school				
Not in school	12.3%	20.9%	20.5%	37.9%
Primary 3 or less	11.3%	6.9%	13.4%	13.3%
Primary 4 to 6	31.0%	21.6%	32.0%	24.9%
JSS 1 to 3	29.0%	28.1%	19.0%	12.5%
SSS 1 or higher	16.4%	22.5%	15.1%	11.4%
Total %	100	100	100	100

FOVC Similarities & Differences by Vulnerability Factors

The qualitative study examined vulnerability factors to early sexual activity and HIV/AIDS. The results indicate a strong belief that poverty is a major factor fostering FOVC's vulnerability to early sexual activity and HIV/AIDS in the two states. Another factor was believed to be a lack of awareness and information about HIV/AIDS among FOVC and their caregivers which exposes them to risk. These factors were reinforced by evidence at the community, CSOs, and MDAs/CUBS regional staff levels.

Contextual evidence from the qualitative study showed differences between the two states with respect to the role that peer pressure to meet-up with friends

plays on FOVC's vulnerability. This peer pressure was only found as a factor in Akwa Ibom state. While factors leading to vulnerability that are unique to Gombe state are: lack of close monitoring and parental care, large polygamous families coupled with religion and the culture of children hawking items for sale.

B. Caregivers demographics

The challenges of not meeting FOVC sample sizes for intervention sites were similar for the caregiver samples as well. While the overall sample size was met across both states it was not met within each state. Therefore, we combined the baseline and the end-line data sets to provide more rigor and strength to the comparison of intervention and comparison sites. Table 4 below summarizes the demographic results for both states by intervention and comparison sites.

Similarities
The majority of caregivers in Akwa-Ibom state lived in rural communities in both intervention and comparison sites. The overwhelming majority of those who responded to the survey were females. In both sites they were primarily over the age of 40. Most caregivers were Christians, and approximately half were either married or co-habiting with a partner. Most caregivers reported that they had primary school with a few more that had completed secondary school. The majority came from the low SES background.

Similarly, in Gombe state, the majority of caregivers lived in rural communities, were mostly females, and were aged 40 or older. The majority of caregivers were Muslims and a considerable proportion reported no education, while some reported Islamic education. And just as in Akwa-Ibom State, the majority of caregivers in Gombe state reported low SES.

Differences
The two intervention sites share many characteristics but also vary slightly. For example, Gombe caregivers are more likely to live in an urban setting, more likely to be Muslim, less likely to be married or co-habiting, more likely to be widowed, and much more likely to have no education.

In Akwa-Ibom State more caregivers in the comparison sites were from an urban setting than in the intervention sites. The comparison site caregivers tended to be slightly older, above the age of 50, slightly less likely to be married, and be more likely to have no education.

In Gombe State the comparison site caregivers are slightly less likely to be Muslim, slightly more likely to be married and slightly more like to have never attended school.

Table 4: Intervention and Comparison Caregiver demographics by state

	Akwa-Ibom		Gombe	
	Intervention	**Comparison**	**Intervention**	**Comparison**
Total (N)	**601**	**504**	**511**	**302**
Study timeline				
Baseline	45.8% (275)	21.3% (107)	51.7% (264)	29.8% (90)
End-line	54.2% (326)	78.7% (397)	48.3% (247)	70.2% (212)
Place of Residence				
Urban/Semi-Urban	9.0%	24%	39%	41%
Rural	91.2%	75.7%	61.5%	59.1%
Sex of caregiver				
Male	0.8%	0.4%	1.0%	-
Female	99.2%	99.6%	99.0%	100%
Age of caregivers				
29 or younger	14.4%	12.8%	14.4%	19.8%
30 -39	23.9%	19.7%	26.0%	30.2%
40-49	22.2%	18.4%	24.8%	22.5%
50 or older	39.5%	49.1%	34.8%	27.5%
Religion of caregiver				
Traditional/other	5.4%	0.8%	4.0%	3.3%
Christianity	93.9%	98.0%	33.3%	41.3%
Islam	0.7%	1.2%	62.7%	55.3%
Current marital status				
Single/divorced/separated	7.9%	11.6%	12.2%	13.2%
Married –co-habiting	54.6%	46.8%	39.0%	52.6%
Widowed	37.4%	41.6%	48.8%	34.1%
Level of education				
No education	16.8%	24.4%	39.1%	43.5%
Islamic	0.9%	0.2%	26.9%	18.0%
Primary	59.5%	47.6%	15.0%	20.1%
Secondary/higher	22.8%	27.7%	19.0%	18.4%
Socioeconomic status				
Low SES	91.0%	93.1%	98.4%	98.7%
Medium SES	9.0%	6.9%	1.6%	1.3%
Total (%)	**100**	**100**	**100**	**100**

While these demographic numbers are valuable in assisting in the analysis of the overall survey data, it is also important to keep in mind that some of these variables represent potential risk factors for these young girls. The qualitative assessments that were conducted support the belief that economics, education and family support are important in protecting young girls from risk of abuse and contracting diseases.

"The family status and background of the (child) can influence her, if the (child) is from a poor family and her parents are illiterate, they will not really have the concept in advising the (child)." An FGD participant

"Religion is the major factor influencing (child) in this part of the north, because women are not allowed to participate in any public activities, because she always in doors and is not well informed" An FGD participant

"when a (child) lost her parent and is given to a guardian to be taken care of and is maltreated such pushes the (child) to look for a greener pasture somewhere else and with that she tends to be abused by people in the society. " A Group Interview participant

C. Findings on operations research question one

Does having these interventions: (a) education, (b) introduction of Income Generating Activities (IGA), and (c) reproductive health training as implemented in the CUBS project lead to any changes in the lives of female OVC?

The qualitative data demonstrated that overall beneficiaries and local key informants believed strongly in the *"Importance of the education of FOVC"* and intervention communities were *"encouraged with schooling materials (uniform, textbooks, school bags, and pens etc.), at the early years"*. Beneficiaries also reported that *"educational support [should] transition to building of schools structures and supply of furniture" [for the children later in the project].*

Beneficiaries also reported that they were *"informed about the importance of education in the lives of children" [especially FOVC].* They were provided with *"schooling materials (uniform, textbooks, school bags, and pens etc.), and payment of school fees [for some FOVC] at the beginning of the project [to encourage parents/guardian] to increase school enrollment"*.

1. Education Support Coverage

One of the three main interventions of the CUBS project was focused on education support. The survey in the intervention sites shows that nearly all FOVC had been to some level of school and nearly 60% in each intervention area had received support for schooling. Most of the support that the FOVC received was in the form of school materials and school fees. See Table 5 below.

Table 5: FOVC interaction with the interventions by intervention state

	Akwa Ibom	Gombe
Total (N)	859	753
% ever been in school	93.9%	88.6%
% ever received support for schooling	57.9%	60.3%
Types of support received		
School fees	20.6	30.4%
School materials (exercise books, pens, pencils, notebooks etc.)	54.8%	54.3%
Textbooks	10.6%	20.5%
Uniforms	12.1%	20.5%
Sanitary pads/towels	4.1%	4.5%
Other feminine needs	12.2%	6.5%
% who received vocational training	9.4%	11.6%
% organization or person who enabled attendance of vocational training-CBOs/FBOs	4.8%	9.6%

The FOVC who responded to this survey seemed to agree that the kinds of support they were receiving were exactly what they felt was most crucial. Table 6 below shows that they believe that school materials were the most crucial kind of support that they needed for school. In addition, Table 6 indicates that the majority of FOVC in both intervention sites were satisfied or very satisfied with the support they received or thought it was excellent support.

Table 6: FOVC perceptions of educational/vocational support satisfaction with the support they received by state

	Akwa Ibom	Gombe
Total (N)	859	753
Education/Vocational support most crucial for schooling		
School materials (exercise books, pens, pencils, notebooks etc.)	39.8%	35.6%
School fees	14.7%	22%
Textbook	7.2%	13.8%
Uniform	8.6%	11.4%
Rating of educational/vocational support received		
Not satisfactory	11.7%	22.5%
Fairly satisfactory	9.0%	14.7%
Satisfactory	49.4%	38.0%
Very satisfactory	17.2%	10.1%
Excellent	12.8%	14.7%
Total (%)	100.0%	100.0%

From the FGDs we found out the kinds and types of things that the FOVC remembered being taught during this intervention…

- *"How HIV can be contacted and how someone living with HIV can live a healthy and fulfilled life*
- *They taught us about self-control, HIV and how you can relate with men,*
- *taught us about drug,*
- *they taught us about decision making,*
- *they taught us about goals,*
- *they taught us on personal hygiene,*
- *they taught us not to share sharp object like tooth brush,*
- *we should not share razor,"* Participants Akwa-Ibom State

"It has helped us a lot like goal setting makes me to be focus so that I can achieve and become what I want to be in future but if I follow a man I will become pregnant and my future destroyed." A participant in Akwa-Ibom State

The girls also recalled things that they were given…

- *"they gave us sandal, uniform, school bag,*
- *since you don't have help government help you to buy all those things so that you can go to school,*
- *if you don't have father and mother you will be given those things to assist you in school,*
- *We were provided with schools, uniform, text books, note books, pencils and sometimes school fees was paid."* Participants, Gombe state

"We were also advised by the CUBS team to focus on our education as girls." A participant from Gombe State

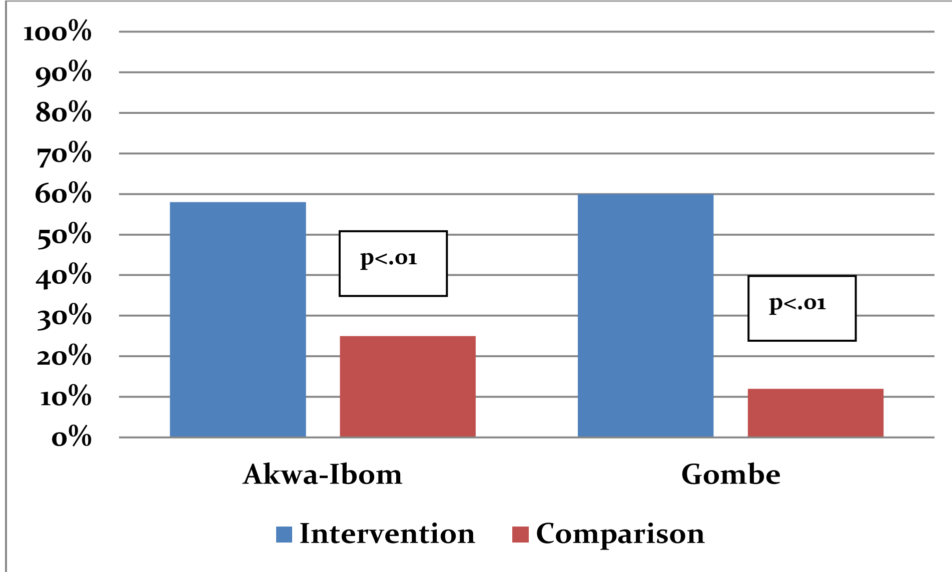
2. Changes in Key Educational Indicators

The three key educational indicators are examined for differences between the intervention and comparison groups, baseline to end line and by key demographic variables. This is to ascertain whether the current education strategies for FOVC stressed by the CUBS project and the scholastic materials provided during the early years of the project contributed to increase in schooling among the FOVC over time and when compared to their comparison group counterparts.

Indicator I: Proportion of FOVC ever received support for schooling (whether they ever received information/services on education)

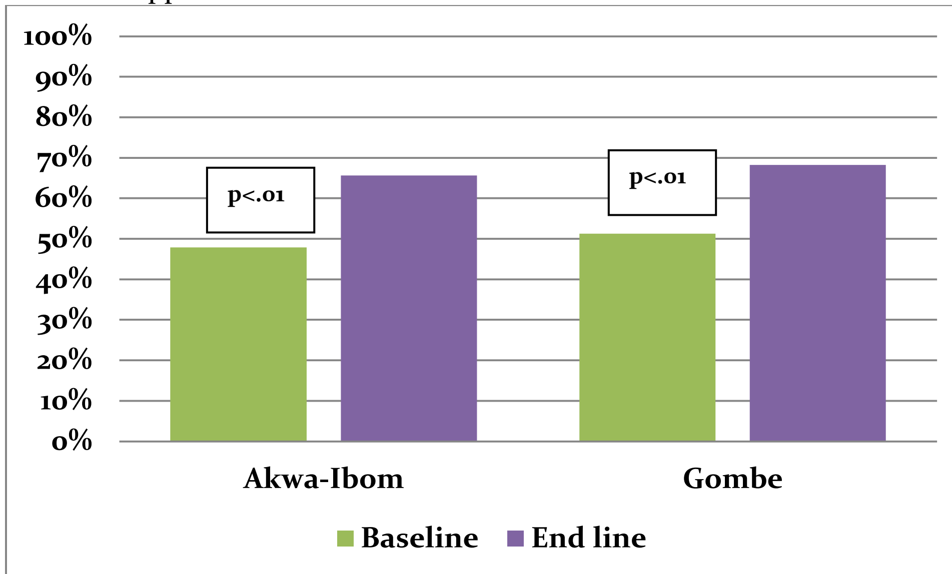
While both intervention sites received educational support at the same rate (approximately 60% of FOVC) they also both far surpassed their comparison sites in receiving support (where only 12% and 25% received school support from someone during this same time), both were significantly different at the .01 level. See Table 7 for a visual comparison of these different rates of receiving educational support.

Table 7: Indicator I, Proportion of FOVC who received educational support



The baseline to end line comparison within each intervention site shows significant increase in the proportion of FOVC who reported having received some form of support for their education (from 48% to 66% in Akwa-Ibom and from 51% to 68% in Gombe State, $p<.01$).

Table 8: Baseline to end line comparison within intervention sites for having received support for education.



The following table, Table 9, presents several of the demographic variables by whether or not the FOVC respondents received any support for education. The data suggests that the program focused more on rural areas than urban areas in Gombe with no difference in Akwa-Ibom, was more focused on children under

the age of 15 in Akwa-Ibom than children over the age of 15 with no difference in ages in Gombe, was less likely to support children living with relatives other than a parent or grandparent in Gombe with no difference in Akwa-Ibom, slightly more likely to focus on children in medium SES homes in Akwa-Ibom and slightly more likely to support young children in Primary 3 or less than older children in SSS1 or higher in Akwa-Ibom with no differences in Gombe.

Table 9: Key bivariate comparisons among those who received school support

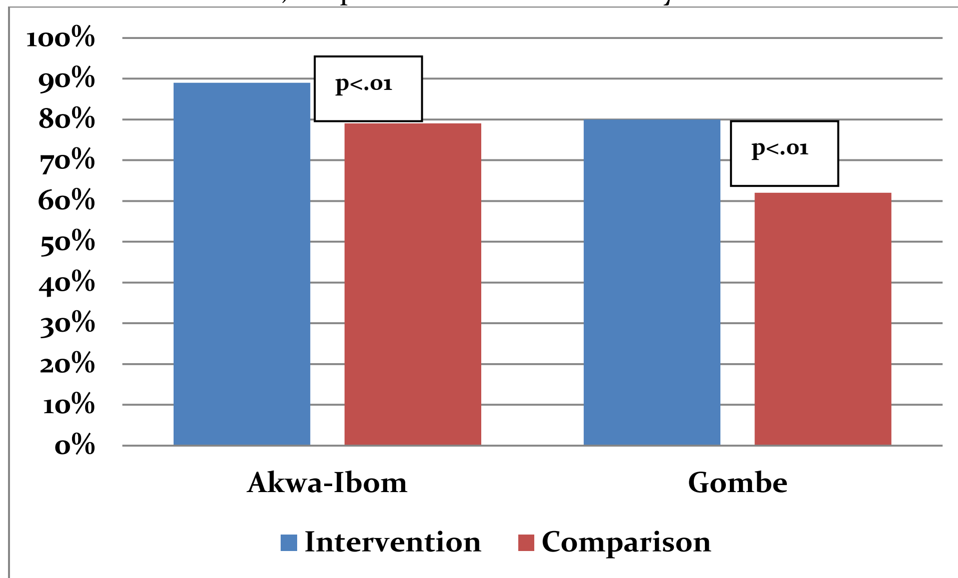
	Akwa-Ibom	**Gombe**
Total (N)	857	753
Residence		
Rural	58.4%	69.2%
Semi- Urban/Urban	53.1%	49.9%
	NS	$p < .01$
Age of FOVC		
12 or younger	63.4%	58.6%
13 to 15	59.8%	60.9%
16 to 17	42.2%	65.3%
18 or older	38.5%	60.5%
	$p < .01$	NS
Living arrangement		
Mother only	52.9%	57.8%
Father only	61.5%	68.6%
Both parents	63.3%	67.4%
Grand parents	57.0%	73.8%
Other relatives/Guardian	57.1%	54.1%
	NS	$p > .05$
Socioeconomic status – SES		
Low SES	56.3%	59.7%
Medium SES	65.5%	76.9%
	$p<.05$	NS
Current class at school		
Primary 3 or less	71.1%	63.4%
Primary 4 to 6	62.0%	69.3%
JSS 1 to 1 to 3	61.4%	70.6%
SSS 1 or higher	51.8%	68.4%
	$p < .01$	NS

FN: NS = non-significant

Indicator II: Proportion of FOVC currently enrolled in school (whether they were enrolled at the time surveys were conducted)

The second indicator of interest is the actual rate of school attendance. It seems that relatively large numbers of the young girls were in attendance in school when this survey was conducted. However, significantly more were attending school if they were in either of the intervention sites, $p<.01$.

Table 10: Indicator II, Proportion of FOVC currently enrolled in school



Conversely, when looking at the intervention sites form baseline to end line there appears to be no difference in the rate of current school attendance over the period of study.

Table 11: Current school attendance within intervention sites from baseline to end line

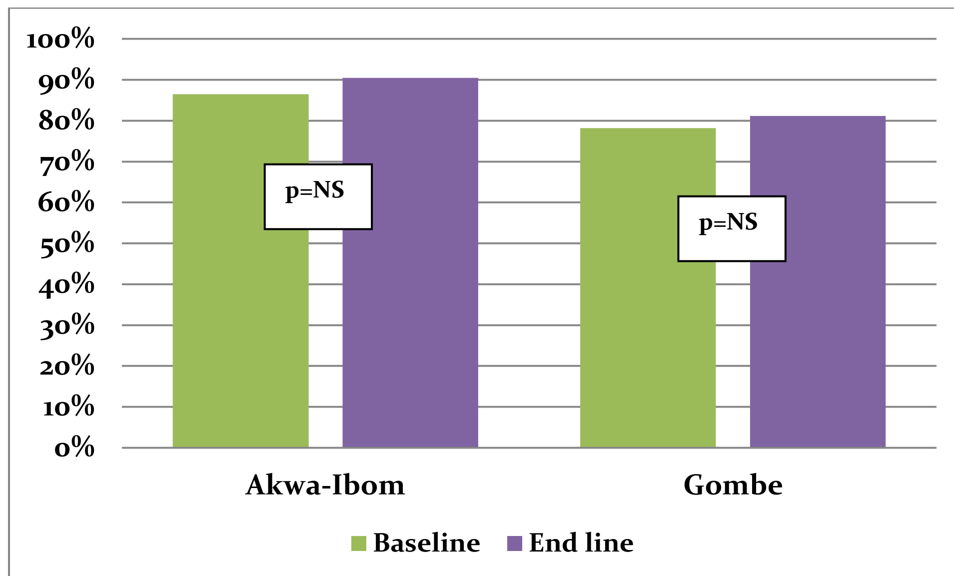


Table 12 presents key demographic variables among those who are currently in school. From this analysis it appears to support the previous data from Table 8 that Gombe was slightly more focused on rural areas, Akwa-Ibom was more focused on young children compared to the oldest FOVC, and in Akwa-Ibom FOVC were slightly less likely to be currently in school than children living in other situations. (SES did not vary for this variable.)

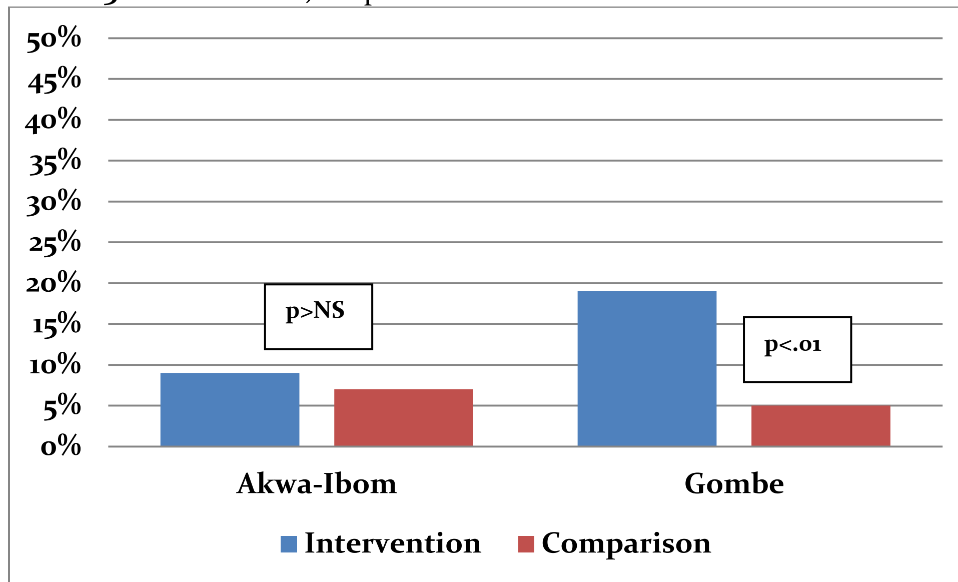
Table 12: Current school enrolment by key variables by state

	Akwa-Ibom	Gombe
Total (N)	**859**	**753**
Residence		
Rural	88.9%	86.4%
Semi-Urban/Urban	88.9%	72.3%
	NS	p < .01
Age of FOVC		
12 or younger	95.3%	84.1%
13 to 15	89.6%	80.3%
16 to 17	79.8%	76.6%
18 or older	53.8%	69.8%
	p < .01	NS
Living arrangement		
Mother only	90.1%	80.9%
Father only	88.5%	82.4%
Both parents	91.7%	81.4%
Grand parents	95.0%	77.4%
Other relatives/Guardian	80.5%	81.2%
	p < .05	NS

Indicator III: Proportion of FOVC ever received vocational training (whether they ever been involved in vocational skills training)

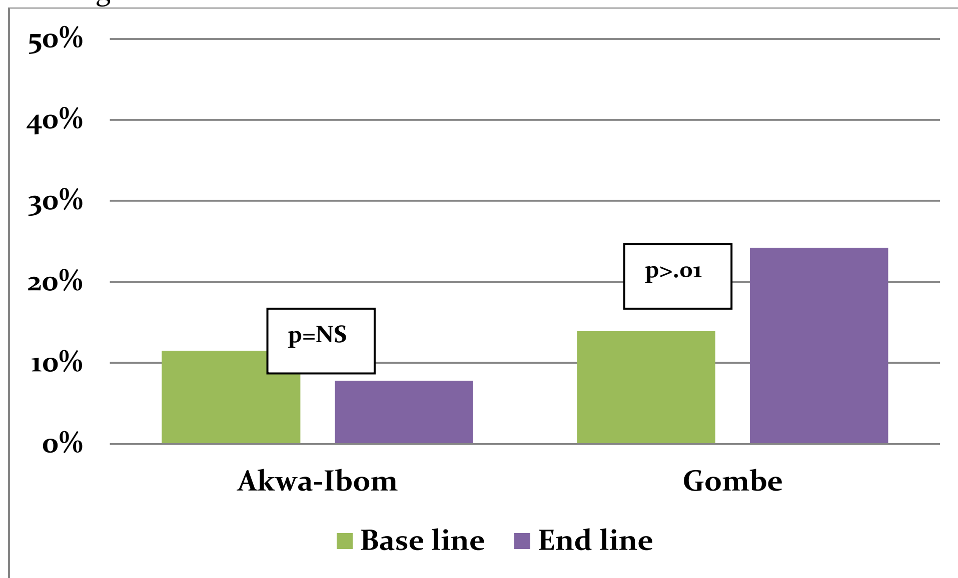
The third education indicator was the rate of FOVC who received vocational training. Overall, relatively few of the girls received any vocational training. In Akwa-Ibom there was no difference in whether or not they had received training by site, intervention or comparison group. However, in Gombe more FOVC in the intervention site received some form of vocation training than their counter parts in the comparison group.

Table 13: Indicator III, Proportion of FOVC ever received vocational training



In Akwa-Ibom there does not appear to be any change in the number of FOVC reporting that they have been involved in vocational training. While there are different percentages at baseline from end line, the difference is a non-statistically significant difference. The difference in Gombe State, however, is a real difference.

Table 14: Comparison of baseline and end line rates of participation in vocational training



Below, in Table 15, the data for key variables and vocational training are presented for each state. Among respondents in Akwa-Ibom, urban FOVC were more likely to receive vocational training. In Akwa-Ibom, the girls under 12 and over 18 were the least likely to receive training while in Gombe only the girls 12 or under were

least likely to receive training. Those FOVC who lived in the medium SES level were slightly more likely to receive training that those living in low SES if they lived in Gombe. And, finally, in Akwa-Ibom those girls in SS1 or higher and those not in school were more likely to receive this training than those in Primary or JSS levels, there was no difference in school status in Gombe.

Table 15: Key variables for those who received vocational training, by state

	Akwa-Ibom	**Gombe**
Total (N)	859	753
Place of residents		
Rural	8.2%	19.9%
Semi-Urban/Urban	21.0%	18.9%
	$p < .01$	NS
Age of FOVC		
12 or younger	3.3%	11.8%
13 to 15	15.2%	21.8%
16 to 17	13.8%	29.0%
18 or older	7.7%	34.9%
	$p < .01$	$p < .01$
Social economic status-SES		
Low SES	9.0%	18.4%
Medium SES	11.5%	46.2%
	NS	$p < .01$
Current class of FOVC		
Not in school	14.2%	18.8%
Primary 3 or less	5.2%	17.8%
Primary 4 to 6	3.0%	17.0%
JSS 1 to 3	11.6%	20.3%
SSS 1 or higher	17.0%	25.4%
	$p < .01$	NS

3. Reproductive Health/Health Coverage

In this section we will look at the survey result estimates for exposure to the reproductive health support activities and what information the FOVC received.

> *The qualitative data revealed that the beneficiaries believed that the project "created awareness about HIV/AIDS" and "provided information on ways of preventing" and modes of transmitting the disease; "importance of reducing number of sexual partners, abstinence, and sharing of needles and sharp objects". The project provided "information on cleanliness and personal hygiene, conducted test for malaria, and other diseases".*

Overall between 67% and 70% of the FOVC stated that they had received information on reproductive health or health in general. The kinds of information received included such topics as: Female anatomy, puberty, ovulation, sanitation and hygiene, treating minor ailments, HIV prevention, use of mosquito nets, and self-worth and dignity. The information that the young women felt was most important had to do with HIV and STIs, sanitation, ovulation, and mosquito nets.

Table 16: Exposure to reproductive health and health information and services

Indicators of health information and services	Akwa-Ibom	Gombe
Total (N)	**859**	**753**
% received health information & services	67.0%	69.8%
Type of info-services received most important		
% HIV/AIDS and other STIs	28.2%	33.2%
% Sanitation and personal hygiene	22.7%	23.0%
% Ovulation circle	7.9%	8.8%
% LLINs Mosquito nets	4.5%	12.5%

The HIV information provided to the young women was identified by about 30% of the young women as most important. Approximately, 35 to 45% of the FOVC in both sites stated that they had participated in the CUBS abstinence and be faithful (AB) program. Given that this population included some very young girls it may not be surprising that only 75% of the respondents had ever heard of HIV/AIDs. However, among those who had heard of HIV/AIDS approximately 40% stated that they had heard information from the CUBS program or their teachers. See Table 17 below.

Table 17: FOVC participation in CUBS AB prevention program & sources of information about HIV/AIDS by state

	Akwa-Ibom	Gombe
Total (N)	**859**	**753**
% participated in AB prevention program	35.0%	44.9%
% Ever heard about HIV-AIDS	78.6%	75.2%
Source of information about HIV-AIDS		
CUBs projects	41.9%	32.9%
School teacher	41.3%	39.8%
Radio	25.8%	19.1%
Health facility staff	9.2%	15.5%
TV	10.5%	13.0%
Friends/Colleague	3.8%	15.1%
Parents and guardian	4.4%	9.4%

While the young women were able to identify numerous ways to prevent the spread of HIV, only 60% in Akwa-Ibom and 70% in Gombe were able to correctly identify 1 or more methods. Ways they identified as strategies to avoid HIV are: abstinence (35% in Akwa-Ibom and 56% in Gombe), avoid unscreened blood (18%

in Akwa-Ibom and 36% in Gombe), sticking to one partner (6% in Akwa-Ibom and 12% in Gombe), and correctly use a condom (7% in Akwa-Ibom and 6% in Gombe), See Table 18 below.

Table 18: HIV/AIDS Prevention knowledge

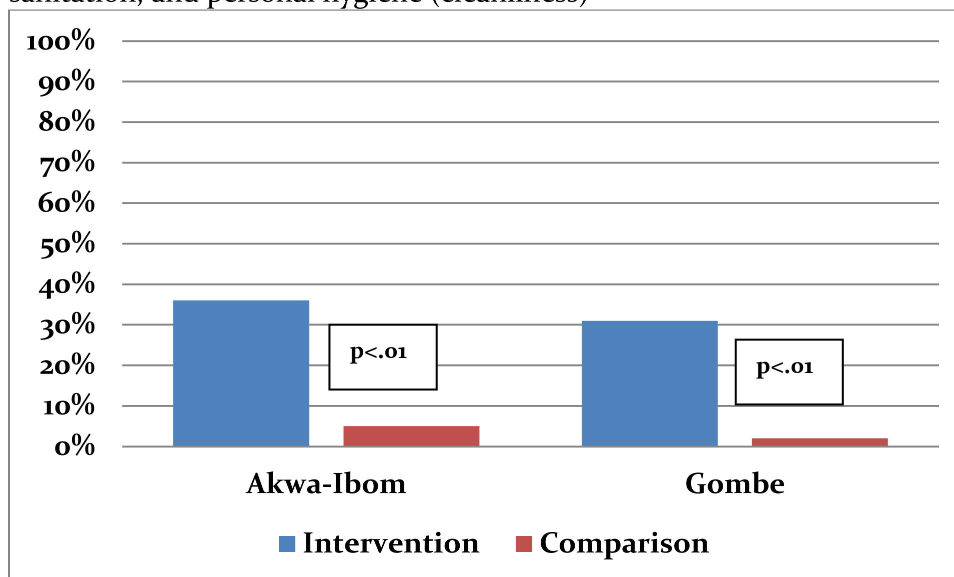
	Akwa Ibom	Gombe
Total (N)	**859**	**753**
Knowledge about ways of preventing HIV/AIDS		
None	40.5%	31.3%
One	25.0%	14.7%
2 or more	34.5%	53.9%
% ever heard of other STIs	17.5	15.0%
% heard about gonorrhea	9.5%	11.2%

4. Changes in Key RH Indicators

Indicator IV: Proportion of FOVC who received information on sanitation, and personal hygiene (cleanliness)

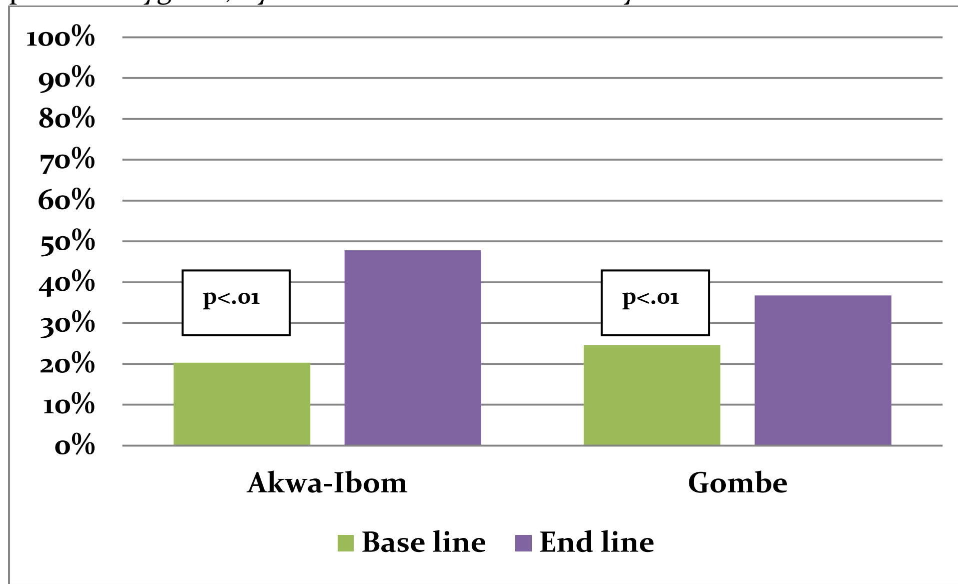
One of the key indicators used to determine whether the program is achieving the stated objectives is coverage: what proportion of FOVC received information on sanitation and personal hygiene. From the survey in these two states it appears that approximately one third (36% of FOVC in Akwa-Ibom and 31% of FOVC in Gombe state) received this information. And when comparing this to the rates of having received information on this topic in the comparison groups there is a large and significant difference.

Table 19: Indicator IV, Proportion of FOVC who received information on sanitation, and personal hygiene (cleanliness)



An examination of the baseline and end line data within each intervention site indicates that there may have been change on this indicator over time in addition to the difference with the comparison sites. The FOVC in Akwa-Ibom went from a reporting rate of 10% to 48% and in Gombe State they went from a reporting rate of 25% to 37% and both were statistically significant. See Table 20 below.

Table 20: Increased percent of FOVC receiving information on sanitation and personal hygiene, by baseline and end line surveys



In addition, there are slight variations in several of the key demographics indicating that the programs may have had a slight focus in one direction or another. Living in a rural or urban setting showed no differences in Akwa-Ibom whereas in Gombe the rural FOVC were more likely to report that they received this sanitation information. In Akwa-Ibom there were slightly fewer FOVC who lived with only a mother or only a father who remembered receiving this information while in Gombe there was no difference by who the child lived with.

SES varied by which state one lived in. Those in Akwa-Ibom were less likely to recall this information if they were in the medium SES level while the opposite was true if they lived in Gombe State, medium SES were more likely to remember receiving this information. And, current school level was only associated with receiving this information if the respondent lived in Gombe State where FOVC in the highest level of education were the most likely to state that they had received this information. See Table 21 for percentages and p values.

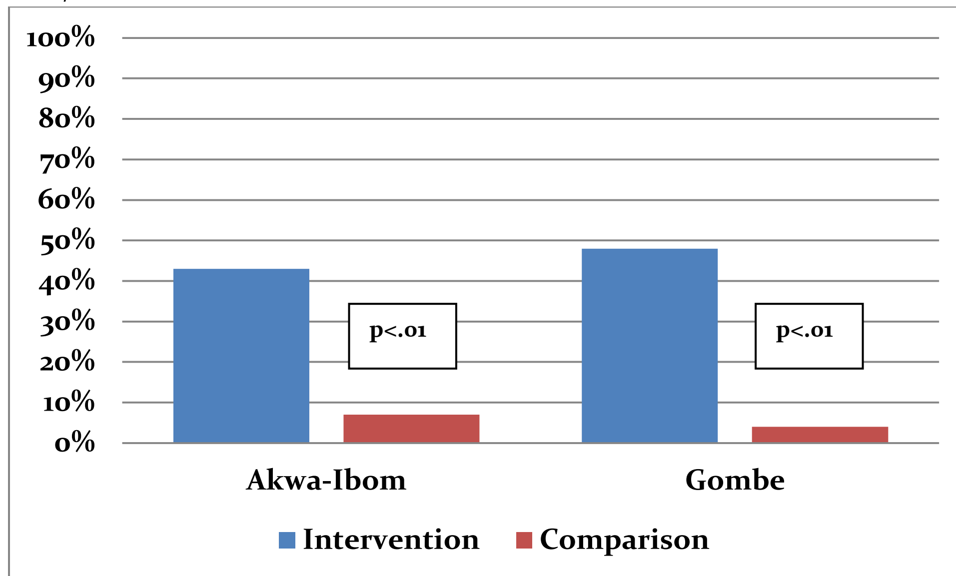
Table 21: Key variables by reportedly receiving information on sanitation and personal hygiene, by state

	Akwa Ibom	Gombe
Total (N)	859	753
Place of residents		
Rural	36.2%	35.7%
Semi-Urban/Urban	32.1%	25.4%
	NS	$p < .01$
Living arrangement		
Mother only	26.4%	29.0%
Father only	26.9%	35.3%
Both parents	43.5%	46.5%
Grand parents	42.1%	29.8%
Other relative/guardian	40.3%	37.6%
	$p < .01$	NS
Social economic status-SES I		
Low SES	37.6%	30.4%
Medium SES	27.7%	50.0%
	$p < .05$	$p < .05$
Current class of FOVC		
Not in school	29.2%	26.0%
Primary 3 or less	33.0%	28.7%
Primary 4 to 6	41.0%	29.5%
JSS 1 to 3	37.8%	31.5%
SSS 1 or higher	29.8%	43.0%
	NS	$p < .05$

Indicator V: Proportion of FOVC who received information about HIV/AIDS and other STIs

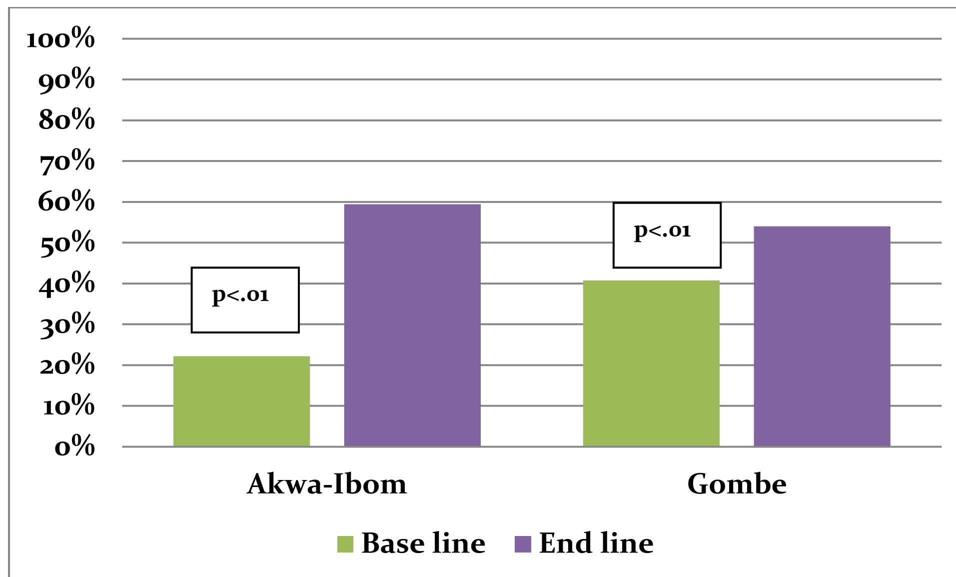
Another important indicator of meeting program objectives is the proportion of FOVC reached with information on HIV and other STIs. Again, overall the rates between the intervention sites were relatively close (43% in Akwa-Ibom vs. 48% in Gombe State) and they were both significantly higher than their comparison group counterparts. See Table 22 for the results.

Table 22: Indicator V, Proportion of FOVC who received information about HIV/AIDS and other STIs



A look at the baseline compared to the end line in the intervention sites for this indicator shows that there appears to have been a significantly large increase in the portion of FOVC in each intervention site reporting that they have been provided with information on HIV/AIDS and other STIs. The increase is large and statistically significant. See Table 23 below.

Table 23: Comparison of baseline to end line results for reportedly receiving HIV and STI information



A number of key demographic variables appear to show differences in receiving information on HIV/AIDS and other STIs. Gombe state appears to have reached more rural FOVC with this information, been less likely to talk with older FOVC, less likely to talk with girls living with their grandparents, and least likely to talk

with FOVC who are currently not in school. While in Akwa-Ibom they appear to have reached each segment of the population with some balance, it also appears that they reached more FOVC who are among the poorest class. See Table 24 below.

Table 24: Key demographic variables by reportedly receiving HIV/AIDS and STI information

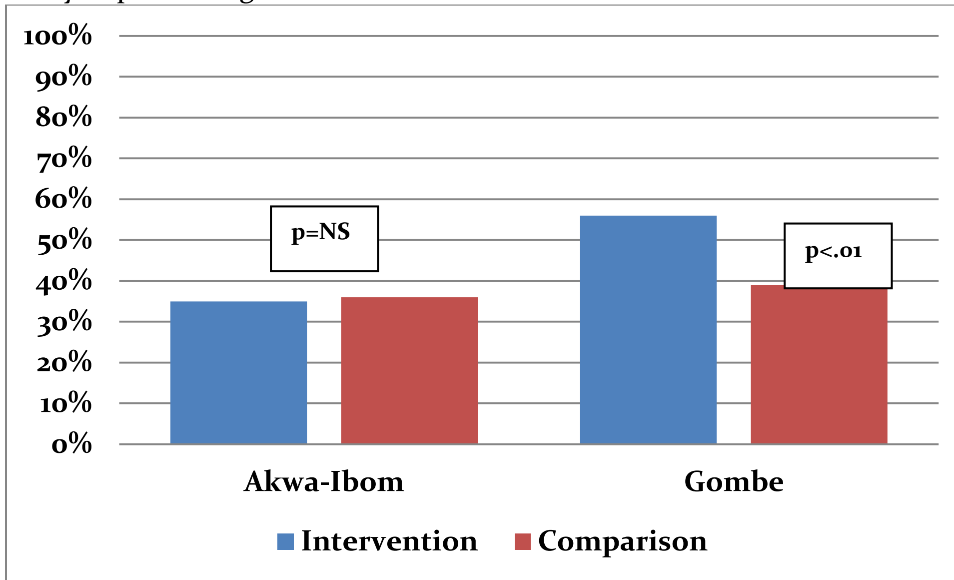
	Akwa-Ibom	Gombe
Total (N)	**859**	**753**
Place of residents		
Rural	44.2%	54.4%
Semi-urban/Urban	33.3%	40.1%
	NS	p < .01
Age of FOVC		
12 or younger	43.5%	45.5%
13 to 15	43.0%	50.8%
16 to 17	46.8%	55.6%
18 or older	34.6%	30.2%
	NS	p < .05
Living arrangement		
Mother only	37.6%	46.4%
Father only	43.6%	47.1%
Both parents	50.0%	65.1%
Grand parents	45.5%	34.5%
Other relative/guardian	45.5%	63.5%
	NS	p < .01
Social economic status-SES		
Low SES	45.4%	47.5%
Medium SES	32.4%	53.8%
	p < .01	NS
Current class of FOVC		
Not in school	35.8%	36.4%
Primary 3 or less	39.2%	40.6%
Primary 4 to 6	47.4%	51.0%
JSS 1 to 3	41.4%	46.9%
SSS 1 or higher	46.8%	64.0%
	NS	p < .01

Indicator VI: Proportion of FOVC who reported abstinence from sex as a way of preventing HIV/AIDS

Another key indicator that falls within the information shared on HIV prevention is the degree to which FOVC recalled abstinence from sex as an HIV prevention method. In Akwa-Ibom only a third of FOVC in the intervention area identified this as a method of HIV prevention and it was not different from their

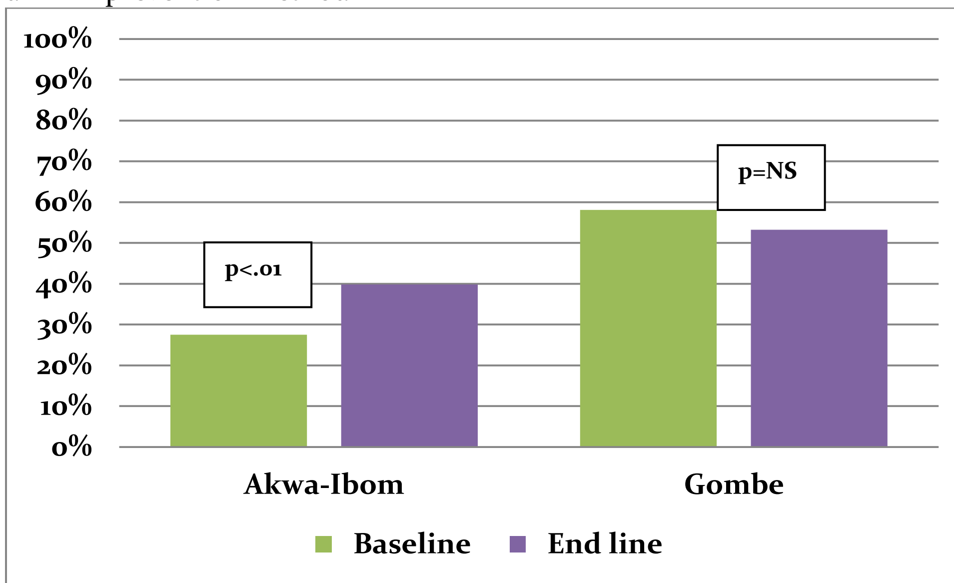
comparison sites. At the same time respondents to the survey from the intervention sites in Gombe State were more likely (56%) than their counterparts in the comparison sites or in Akwa-Ibom to identify abstinence as prevention method, this was statistically significant. See table 25 below.

Table 25: Indicator VI. Proportion of FOVC who reported abstinence from sex as a way of preventing HIV/AIDS



Interestingly, when we look at the baseline to end line comparison within the intervention sites we find a significant increase in reporting this information in Akwa-Ibom but none in Gombe.

Table 26: Percent change from baseline to end line in identifying abstinence and an HIV prevention method



An examination of the key demographic variables by reportedly knowing that abstinence is a method for preventing HIV shows that there was little variation in most categories. However, Gombe State is slightly more likely to have reached the rural FOVC with this information than the urban girls. Both Akwa-Ibom and Gombe State were least likely to share this information with young FOVC (12 and under) and most likely to address this with the 16 and 17 year old FOVC. Again, both were most likely to address this with the FOVC in the highest level of education and least likely to share this with the girls in Primary 3 or less, corresponding with the age results.

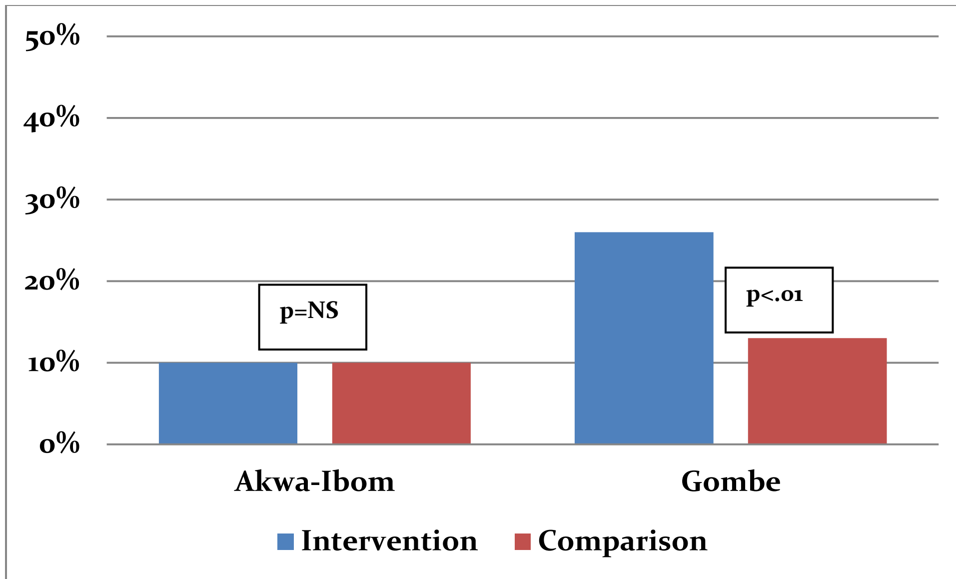
Table 27: Key demographic variables by knowledge that abstinence is an HIV prevention method

	Akwa-Ibom	Gombe
Total (N)	**859**	**753**
Place of Residence		
Rural	34.3%	59.7%
Semi-urban/Urban	37.0%	50.4%
	0.625	0.012
Age of FOVC		
12 or younger	27.7%	44.6%
13-15	36.6%	63.4%
16-17	51.4%	71.8%
18 or older	42.3%	55.8%
	0.000	0.000
Current class of FOVC at school		
Not in school	39.6%	50.6%
Primary 3 or less	27.8%	37.6%
Primary 4 to 6	28.2%	49.8%
JSS 1 to 3	33.3%	69.2%
SSS1 to higher	48.9%	72.8%
	0.000	0.000

Indicator VII: Proportion of FOVC who reported ever been tested for HIV

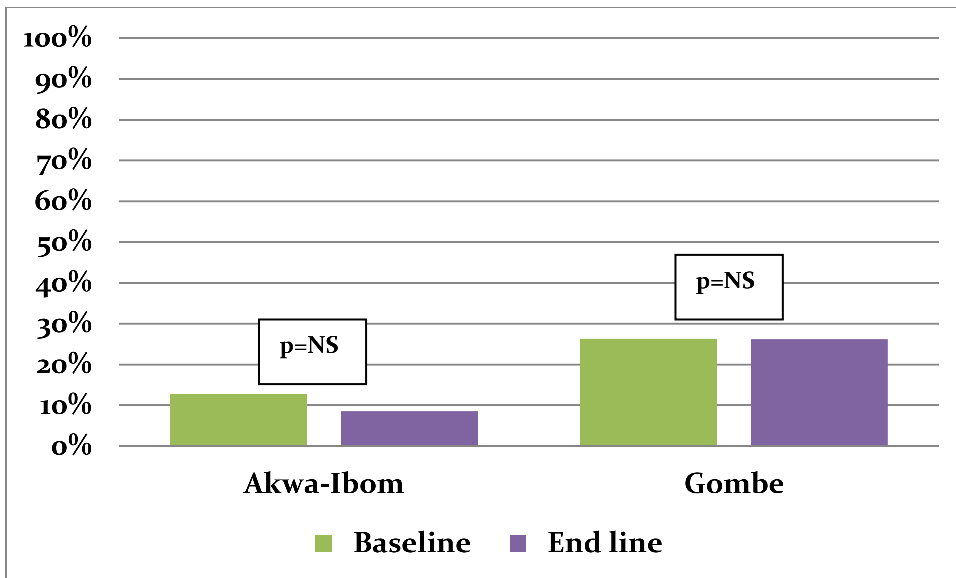
Overall very low numbers of respondents reported that they had ever had an HIV test. There were not only very low responses in Akwa-Ibom (10%) but there was no difference between intervention sites and the comparison sites. In Gombe, however, significantly more FOVC in the intervention sites had ever been tested (26%) when compared to both their comparison sites (13%) and the intervention sites in Akwa-Ibom.

Table 28: Indicator VII, Proportion of FOVC who reported ever been tested for HIV



The comparison of baseline to end line in each of the intervention sites shows no difference in the number of FOVC reporting that they have ever been tested. This could be due to the short time period of only one year between baseline and end line surveys. Unlike the measures of exposure and knowledge, changing one's behavior to go and seek an HIV test may take more time than this survey allowed for. See Table 29.

Table 29: Comparison of baseline and end line self-reported data on having ever been tested for HIV



The key demographic variables differed only for age and current school status. In both States as girls got older the more likely they are to have ever been tested, a logical finding. In addition, in Akwa-Ibom the FOVC who were not currently in school were most likely to have stated that they had ever had a test. This was not

found in Gombe where it was the girls currently in the two highest categories of school who were most likely to have ever been tested for HIV.

Table 30: Key demographics by Ever Tested for HIV and state

	Akwa – Ibom	**Gombe**
Total (N)	**859**	**753**
Age of FOVC		
12 or younger	7.8%	14.2%
13-15	9.5%	28.2%
16-17	21.1%	46.8%
18 or older	23.1%	51.2%
	$p < .01$	$p < .01$
Current class of FOVC at school		
Not in school	21.7%	19.5%
Primary 3 or less	7.2%	16.8%
Primary 4 to 6	6.4%	19.9%
JSS 1 to 3	8.8%	37.1%
SSS1 to higher	14.2%	43.9%
	$p < .01$	$p < .01$

5. Income Generating Activities Coverage

Evidence from diverse sources demonstrates that a caregiver's involvement in income generation activity (IGA) has a positive effect on FOVC and other children in the household. With more purchasing power, caregivers are more likely to pay for schooling and other essential needs of their FOVC (16, 21). This is the underlying theory behind the IGA strategy of CUBS. Therefore, reaching a significant proportion of the FOVC caregivers is essential to improving the lives of these girls.

> *In this arena, the qualitative data reveals that the beneficiaries most remember that they were "trained on how to engage in a business venture such as farming, and how to get soft loans for business". Alongside, "we were taught the importance of balanced diet and how to use local food stuff to achieve this".*

The following table shows the degree to which these caregivers were reached and interacted with the CUBS program. From one third to 60% of caregivers of FOVC in these two intervention sites stated that they had participated in some form of training to build their skills. This project directly resulted in 12% of Akwa-Ibom caregivers and 30% of Gombe State caregivers being currently involved in business adventures; such as petty trading, farming production and sales, and oil production. Similarly, approximately 10% of Akwa-Ibom caregivers and 34% of Gombe State caregivers were provided with seed money through CUBS.

Table 31: Percentage of caregivers who participated in economic strengthening & parenting skills by state

	Akwa – Ibom	Gombe
Total (N)	601	511
% who participated in economic empowerment training	32.6%	39.7%
% who participated in parenting skills training	50.9%	48.7%
% who received economic empowerment/parental skills training through CUBS/CBOs-FBOs	58.9%	60.9%
% who participated in IGA training organized by CUBS	40.9%	53.2%
Types of skills received through IGA training		
Assessing business opportunities	7.7%	27.4%
Business management	15.3%	22.3%
Savings	9.2%	11.5%
Nutrition & home stead gardening	12.1%	6.1%
Hygiene	7.2%	10.8%
% current involved in business venture	55.6%	61.3%
% business venture result from IGA training by CUBS	12.0%	30.3%
Types of business venture		
Petty trading	19.3%	37.6%
Farming buying & selling, oil production	22.1%	10.6%
% provided with seed money through CUBS/CBO-FBO	10.3%	34.2%

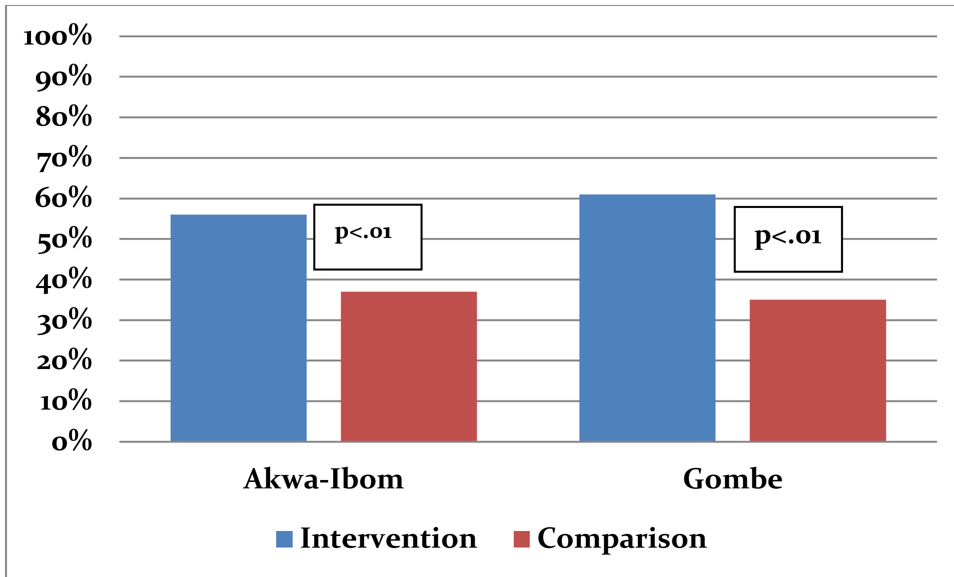
Of those who participated in the IGA program and are now involved in some business venture, 6% in Akwa-Ibom and 19% in Gombe State believe that the new business is generating enough profit to sustain the family. Additionally, 23% in Akwa-Ibom and 41% in Gombe State feel that this IGA initiative has positively changed the life of their family. Most everyone was satisfied with the support they received from CUBS on economic strengthening (58% in Akwa-Ibom and 66% in Gombe State). Finally, 78% of Akwa-Ibom caregivers and 95% of Gombe caregivers felt that the IGA activities are important to improve their family's existence.

6. Changes in Key IGA Indicators

Indicator VIII: Caregiver reported involvement in IGA

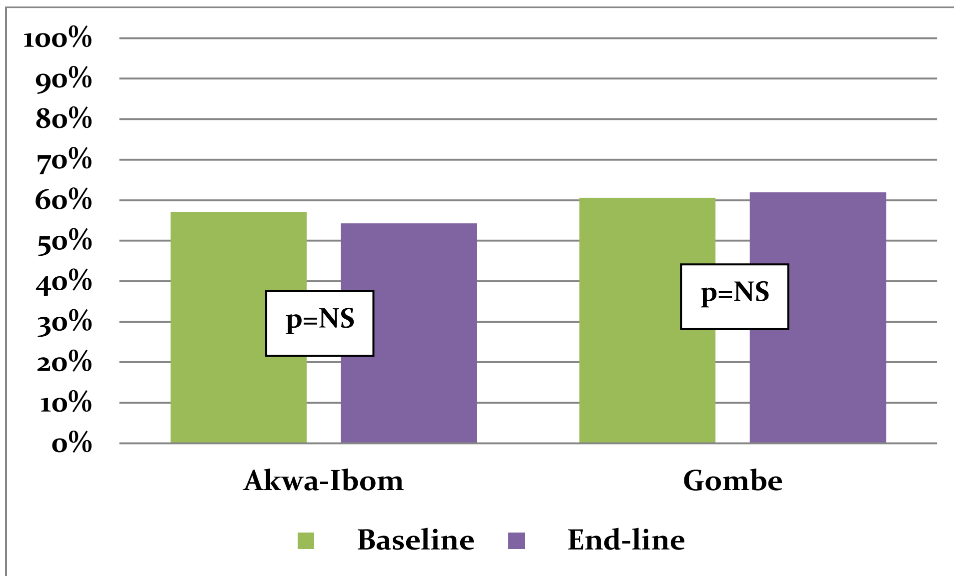
Because caregiver involvement is believed to be crucial to FOVC life improvements, one of the key indicators of interest is how many FOVC caregivers are involved with IGA activities and how has it changed over time. The following table shows that the two intervention sites are similar in their overall reach to caregivers of FOVC and that the difference between the intervention sites and the comparison sites are large and significant.

Table 32: Indicator VIII, Reported involvement of caregivers in IGA activities



While there appears to be a difference between intervention and comparison sites, there does not appear to be any difference in the degree to which caregivers of FOVC have been involved with IGA activities over time, baseline to end line. This might be due to the fact that the program started several years prior to the baseline assessment being carried out, and the time difference is relatively short. There is no increase from baseline to end line.

Table 33: Comparison of IGA involvement of caregivers from baseline to end line assessment



Out of all of the key demographic variables, only three of them appear to have any relationship with involvement in the IGA activities for the caregivers: age, religion, and education level. While age did not appear to influence caregivers in Akwa-Ibom it appears that in Gombe those between 30 and 50 years of age were

most likely to get involved compared to the under 30 year olds and over 50 year olds. Religion initially appears to play a factor in both states, however, very few respondents in Akwa-Ibom were Muslim and therefore those results are unstable. At the same time, in Gombe State there was a more even distribution between Christian and Muslim respondents and so it appears that Muslims and traditionalists are more likely than Christians to get involved in the IGA activities. And finally, those with an Islamic education were more likely than their counterparts to get involved with the IGA program. Those with no education were the least likely to participate.

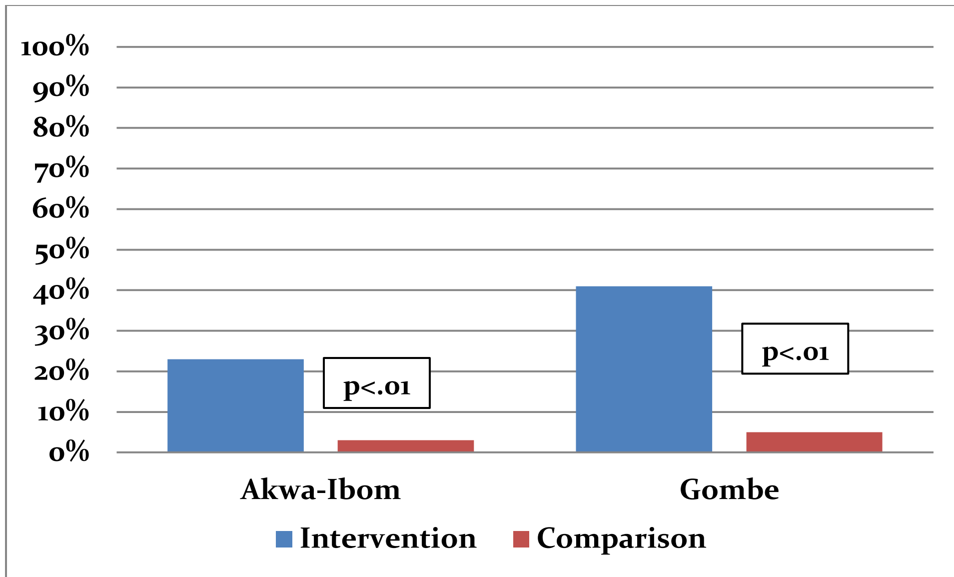
Table 34: Key variables related to caregiver involvement in IGA activities.

	Akwa – Ibom	Gombe
Total (N)	601	511
Age of caregiver		
29 or younger	51.9%	47.2%
30-39	58.5%	69.2%
40-49	56.0%	70.2%
50 or older	53.4%	54.0%
	0.731	0.001
Religion of care giver		
Traditional -others	28.1%	70.0%
Christianity	57.1%	47.6%
Islam	75.0%	67.4%
	0.004	0.000
Level of education		
No education	55.7%	53.4%
Islamic	80.0%	72.2%
Primary	56.1%	56.8%
Secondary-higher	56.1%	62.8%
	0.762	0.006

Indicator IX: Caregiver involvement in IGA changed life of the family for the better

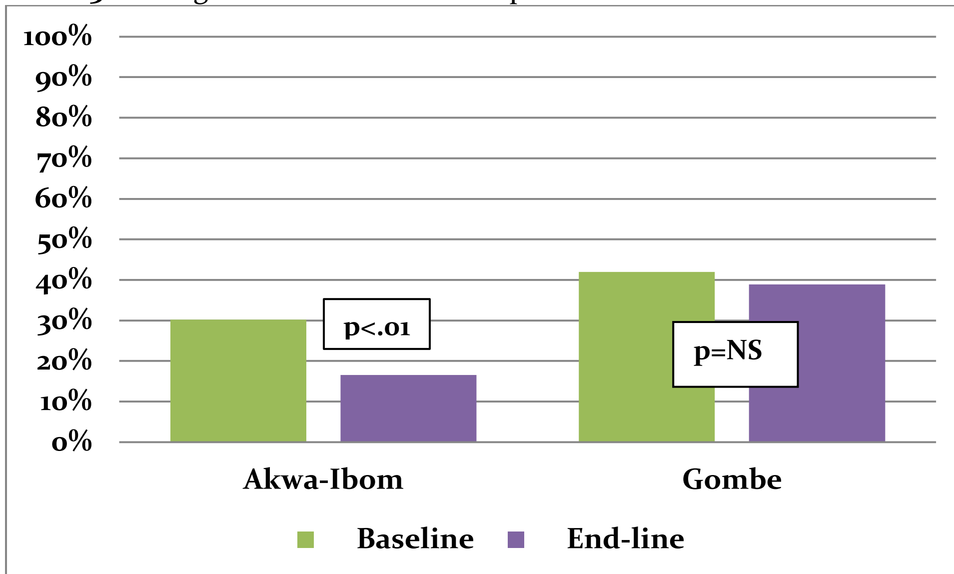
One way for a program to guide its work is to know whether or not the community it is serving believes that the work is important and worthwhile. This next indicator attempts to measure the perceived value of the IGA project in their lives. The next table indicates that approximately 23% of caregivers in Akwa-Ibom and 41% of caregivers in Gombe State believe that their participation in IGA activities has improved their family's life. When compared to the comparison sites this indicates a potential effect of the program to improve families' lives.

Table 35: Indicator IX, Caregiver belief that their involvement in IGA changed life of the family for the better



There was also a change in Akwa-Ibom from the baseline to the end line measure where the more caregivers at end line believed this was true than at baseline. There was not, however, that same improvement in Gombe State.

Table 36: Caregivers' belief that IGA improved their life from baseline to end line



There was no variation on perceived benefit to the family by any of the key demographic variables.

7. Overall impressions of the project

Quotes from caregivers who participated in the project:

> *"Since we started this program it has helped us so much, mostly our children they give them uniform, exercise books, pen they really help us."*

> *"It is this group that had helped in the construction of our school and provision of furniture."*

> *"They taught them not to live a life of begging because on the day that a man will invite you to a place from there he will have sex with you and she will not know that the man has a disease."*

> *"They taught us on how to do business or farming that you can start with a small amount of money and have a little to take care of your children also how to plant cassava and how we can generate money from there to help ourselves. They taught us balance diet what we can eat to be in good health."*

> *"To mention a little this organization has helped us a lot."*

> *"This organization has taught us so many things but there is no help if you can add support to the training we will do better than we ought to do."*

> *"We see changes in our farming; we have been able to make some money to help our family."*

> *"It has helped them in planting water leaf."*

D. Findings on operations research question two

Which of the interventions has led to the greatest reduction in the risk taking behavior of female OVC?

To address this question, we will first take a look at the overall sexual risk taking behaviors of FOVC in each of the intervention sites, then compare them to their comparison sites and draw some conclusions about whether or not there are differences between intervention and comparison sites that might then lead us to understanding which interventions led to any reductions in sexual risk taking behavior among the FOVC.

It is important to understand where the FOVC in this project are with regards to sexuality. Overall between 6% (in Gombe State) and 10% (in Akwa-Ibom) of the FOVC in the intervention sites had already had sex by the time this interview

took place. Among those who had already engaged in sexual intercourse, 31% in Akwa-Ibom and 61% in Gombe first had a sexual encounter when they were 12 years old or younger. In addition, during the year just prior to completing the survey, approximately 3% of FOVC in Gombe State and 6% in Akwa-Ibom State had had sex.

The rates of having had sex in the previous year vary very little across key demographic variables. There was, logically, a difference in age and sex during the previous year with the older FOVC being more likely to have engaged than the younger girls. There was also a significant difference found in Akwa-Ibom depending on with whom the FOVC lived, those living with a relative or guardian other than a parent or grandparent being the most likely to report having had sex in the past year (14% of those living with other relative or guardian vs. 5% of those living with a parent or grandparent, $p<.01$). And school status, or not being currently in school, was significantly related to having had sex in the previous year if the young woman lived in Akwa-Ibom; no difference was found in Gombe for this same non-school status.

The comparison between the intervention sites and comparison sites revealed that in Akwa-Ibom for both ever had sex and had sex in the previous year there were significant differences between the intervention sites and the comparison sites, with the comparison sites at a higher rate than the intervention sites.

Table 37: Sexual debut and experience

	Akwa Ibom	Gombe
Ever had sexual intercourse		
Intervention group	10.0%	6.1%
Comparison	14.6%	8.8%
	p<.01	NS
Age at first sexual intercourse		
12 or younger	31.0%	61.0%
13 – 15	50.0%	19.5%
16 or older	19.0%	19.5%
Had sexual intercourse in the last 12 months		
Intervention group	5.5%	3.2%
Comparison	8.6%	5.0%
	p<.05	NS

When asked which approaches to HIV/STI prevention the FOVC use, the girls mentioned a number of things that they rely on to reduce their risks: Abstain from sex, avoid unsterilized needles, avoid casual sex and avoid skin piercing objects.

In addition, the girls in both states are very familiar with HIV testing and know that it is the way to find out if one has HIV; 62% in Akwa-Ibom and 69% in Gombe State were aware of HIV testing. Furthermore, 69% of FOVC in Akwa-Ibom and 65% in Gombe State know of a place to be tested for HIV.

Out of all the FOVC interviewed in each state, 10% of girls in Akwa-Ibom and 26% in Gombe State have already been tested for HIV. In addition to this, 72% in Akwa-Ibom and 61% in Gombe are willing to go for an HIV test either at that moment of being surveyed or at some time in the future.

Table 38: Risk reduction methods and HIV testing knowledge and experience

	Akwa Ibom	Gombe
Total (N)	**859**	**753**
Specific ways behavior change		
% no change	2.9%	6.6%
% abstinence from sex	21.2%	31.3%
% avoid unsterilized needles	30.2%	32.8%
% reduced number of sexual numbers	2.1%	6.1%
% maintain only one sexual partner	2.3%	5.7%
% use condom during sex	2.2%	5.3%
% avoid casual sex	7.9%	5.3%
% avoid skin piercing object	19.4%	5.6%
How a person can know that they have HIV		
% by going for a test	61.7%	68.7%
% knowledge of a place to go for HIV test	69.4%	64.8%
% ever been tested for HIV	10.4%	26.3%
% willingness to go for HIV test now or in the future	71.9%	61.4%

1. Strategy with the Greatest Impact on Risk Taking Behavior

Logistics regression was used to determine which project exposures and variables may have increased or decreased the FOVC's risk for contracting HIV or STIs. Significant tests were done at three levels; 0.05 (95% confidence), 0.01 (99% confidence), and 0.001 (99.9% confidence).

For this analysis, the dependent variable, or the variable of outcome, was defined as those FOVC who chose to abstain from sex as a form of sexual risk reduction (abstinence from sex = 1, else = 0).

The independent variables were:

- **Background Characteristics**: state of respondent, sub-group of respondent, place of resident, study time-line, age of respondent, religion, marital status, living arrangement, socioeconomic status (SES), and current class of FOVC.
- **Education Indicators**: (1) ever received support for schooling (including information, materials, and fees), (2) currently enrolled in school, and (3) ever received vocational training.
- **Health Indicators**: types of health information/services received; (1) sanitation & personal hygiene, (2) HIV/AIDS and other STIs, and knowledge about ways of preventing HIV/AIDS; (3) abstinence from sex, and (4) avoid unsterilized needles-sharps/skin piercing objects.

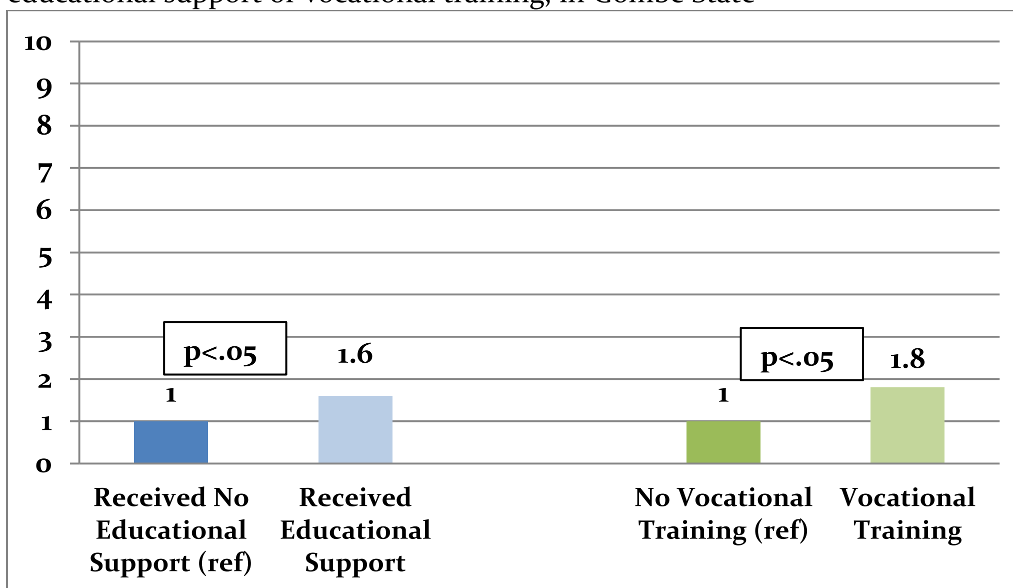
- **IGA Indicators**: (1) caregiver participated in business (IGA) training, and (2) caregiver reported that business changed life of family for the better.

- **Risky Behavior Indicators:** (1) ever had sexual intercourse, and (2) had sexual intercourse in the last 12 months.

Background characteristics
The background characteristics do not appear to play a role in determining who will and who will not choose to abstain from sexual intercourse with the exception of age in Gombe State. In those intervention sites, girls who were between 16 and 17 years of age were almost 2 times more likely ($p<.05$) to have chosen abstinence as a way to avoid HIV than the youngest girls while the 18 and over group were 3.4 ($p<.01$) times more likely to have chosen abstinence as their method to avoid the risk of HIV.

Education indicators
It appears that having ever received educational support and receiving vocational training both increase the possibility that the FOVC will choose to abstain from sex as her method for reducing risk. This was found only in Gombe State and was significant.

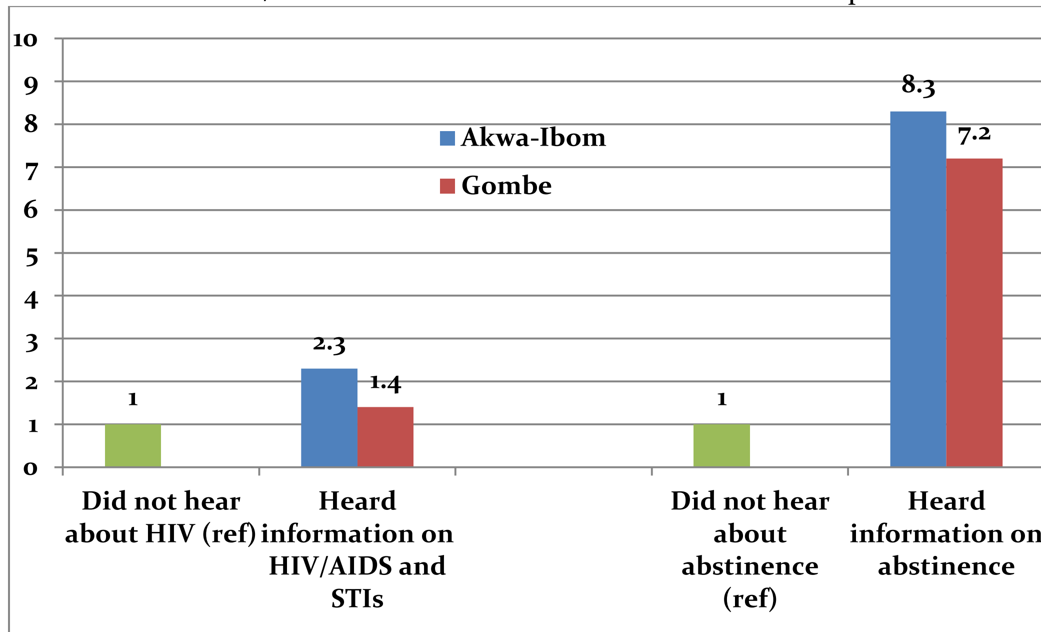
Table 39: The odds of choosing abstinence from sex if one was exposed to educational support or vocational training, in Gombe State



Health indicators
Out of all of the health issues that were presented to the FOVC during this project only the information presented on HIV/AIDS and other STIs and information specifically on abstinence from sex appear to be related to increasing the young women's choice to abstain from sex as their primary method of risk reduction.

If an FOVC living in an intervention site in Akwa-Ibom received information on HIV/AIDS she was 2.3 times more likely to choose abstinence from sex as her approach to reducing her risk. The resulting odds ratio for girls in Gombe State was non-significant. However, if a girl received information on abstinence then she was 8.3 times more likely in Akwa-Ibom and 7.2 times more likely in Gombe State to decide to abstain from sex to reduce her risk of contracting HIV or other STIs.

Table 40: Odds of choosing abstinence from sex if one was exposed to information on HIV/AIDS and other STIs or on abstinence as an option



Neither the IGA indicators nor the sexual risk behavior indicators appear to have any relationship with increased odds of choosing to abstain from sex as a form of sexual risk reduction.

In the words of the study participants:

> *"I had already said that the economic strategy has the most impact on the life of the FOVC. Because when you empower the caregiver economically, the caregiver in turn will use it to care for the FOVC and the FOVC will feel more satisfied."*
>
> *"…basically education and the level of awareness is increased compared to when we started the project."*
>
> *"I will say that the strategy is good the RH training and that of gender training had gone a long way to change so many things also the structure set up in the community. Even when we pull out those structures will be there to assist their people"*

Summary of logistic regression findings

Results of the quantitative analysis showed that the health strategy appears to have the greatest effect on the risk taking behaviors of FOVC. This conclusion is demonstrated by the difference in risk taking behavior among FOVC in the intervention communities vs. comparison groups, and the health strategy appeared to contribute the most to the choice to abstain from sex.

Multivariate analysis findings show that of the three strategies (education, RH, and IGA) only the education and health strategies appear to have had an effect on the outcome of choosing abstinence.

The qualitative findings provided more insight as to why the RH strategy appeared to have the greatest effect on reducing the risky behavior of FOVC. Key among the reasons include: (1) HIV/AIDS information were provided to FOVC and caregivers at most activities carried out with them, (2) RH activities (especially on HIV awareness and knowledge) were carried out with both FOVC, and caregivers through peer group discussion, girls group, interpersonal communication, and girls clubs activities for FOVC. HIV/AIDS information/services were provided to caregivers through family life education, and parenting skills through group discussion or interpersonal communications.

In addition, after the OR baseline study, CSOs reviewed their strategies and activities. RH, especially HIV/AIDS information/service was included in most of the activities implemented with FOVC and their caregivers. But not all caregivers were exposed to or benefited from the IGA strategy, and not all FOVC can be said to benefit from the education strategy, even after block granting as this did not cater for out-of-school FOVC.

V. QUALITATIVE ASSESSMENTS OF THE CUBS PROJECT

The qualitative research conducted along with this study looked at more than just the FOVCs and their caregivers. Community members, partners, and other stakeholders were all provided with an opportunity to share their experiences and impressions of the project itself. The following is a summary of those findings by participant type within each state served by the CUBS project. This information can be very useful in the future as the project is expanded or new projects are started up.

Akwa-Ibom State

Beneficiaries/Other Community Stakeholders

- Some beneficiaries reiterated the need to reduce conflicts between project activities and community activities especially with respect to market days and farming periods/seasons.
- Some caregivers felt left out of the project without the IGA seed grants which they were not able to access when the end-line fieldwork was carried out. The long wait for seed grants has dampened the morale and interests of some caregivers towards the project, and may by extension, have affected the general perceptions of the project by other key stakeholders in some communities.
- Findings also showed that some community leaders were not well informed about the CUBS project which may have led to suspicion about the intended benefits and thus affected their support. Some of the leaders may not have been involved with the project at the beginning or were not adequately updated on project activities as it progressed.
- Movement of FOVC from intervention to non-intervention communities was a challenge that persisted throughout the life of the project without viable solutions. Reasons for movement were generally out of the control of the community or the project.

Project Implementers (CSOs)

- Memory of scholastic materials given to some FOVC early in the CUBS project lingered despite attempts to replace them with block grants. Some beneficiaries/stakeholders still think that this activity should be brought back and implemented to include many FOVC.
- The expectations of community stakeholders were raised on several occasions regarding the block grants, which did not materialize thereby causing some level of distrust.
- CSOs staff also raised the issue of gaps in information sharing and timing from CUBS regional staff which sometimes affected or disrupted other planned engagements.
- Another issue raised was the high level of expectation of what CSOs should accomplish without adequate financial backing to meet these expectations.
- An incessant major challenge of most of the CSOs which goes beyond the CUBS project life is staff attrition. This makes it difficult for internal continuity of project operations.

MDA & CUBS Regional Staff

- A key challenge expressed by the MDA's key contact person was a lack of continuous project monitoring; i.e. project vehicle would have assisted this and enabled them to be fully involved in the project.
- A key challenge which permeates all aspects of the project is late disbursement of funds to carryout out activities in a timely fashion. Delays usually lead to late implementation of activities within a short period of time which may not bode well for quality and efficiency.
- Another issue that lingered throughout the life of the project was the postponement of project activities i.e. the block grants and the IGA. This has untoward effects on the morale of the CSOs and community stakeholders.

Gombe State
Beneficiaries/Other Community Stakeholders

- One key challenge expressed by beneficiaries in some communities was how to deal with the growing number of FOVC not in the age bracket sponsored by the project. This was obvious during the end-line fieldwork when many FOVC who were not within the project age brackets (either younger or older) showed up for interviews (especially in the comparison sites).
- Community stakeholders expressed concern that some FOVC who moved from intervention to non-intervention communities were totally lost to the project. Thus, making it difficult to support them and follow-up with their progress.
- Some caregivers expressed tiredness of unfulfilled hopes and promises about IGA seed grants, and thus were becoming suspicious of the real motive of the project. There is the tendency in some communities to rumor or think that funds budgeted for the IGA may have been cornered by some project officials.

Project Implementers (CSOs)

- A key concern expressed by CSOs is early sexual debut and early marriage, especially among FOVC who live with male caregivers. This is a major cultural issue that has not been adequately addressed by the project but may be given preference in the future.
- CSO staff observed low turnout of beneficiaries in some communities which may be connected to unfulfilled promises with respect to block grants in selected schools and funding for IGA.
- Some CSOs expressed concern about inadequate staff salaries, which is a major reason for staff attrition making them less competitive in the market place.
- Inadequate funds on IGA to enable as many women that are interested in securing seed grants to start their own business. The lack of funds has dampened some caregivers' and community stakeholders' interests and enthusiasm towards the CUBS project.
- Another key challenge, one that is not in the control of the CUBS project, is the security situation in some of the communities which has affected

accessing of some FOVC and their caregivers with project information/services.

MDA & CUBS Regional Staff

- An MDA representative in the state identified gaps in partnership with the project which can negatively affect a holistic approach to OVC programming i.e. lack of linkages with other projects where FOVC and their caregivers' needs may be met.
- Another is inadequate funding to fully get involved with key activities of the project. Funding has made it difficult for key MDAs to provide needed project oversight.
- Other concerns expressed by an MDA representative are inadequate and untimely reporting of project activities which may be useful for making policy decisions and planning for the future of FOVC in the state.
- A key challenge mentioned by CUBS regional staff was the level of misconception about the project intent that still exists in some intervention communities despite years of campaigns and the services provided.
- Another key challenge that persisted over the years was inadequate resources to implement teeming project needs and activities.

VI. DISCUSSION AND CONCLUSIONS

The CUBS OR was primarily geared to improve programming for FOVC and their caregivers by providing an empirical basis for the implementation of future projects.

Two key framing questions formed the focus of the OR study which employed a quasi case-control design including baseline (intervention vs. control) and end-line (intervention vs. control) studies supported by qualitative assessments. The first framing question tacked changes in the lives of FOVC resulting from exposure to three program strategies—education, reproductive health (RH), and income generation activity (IGA), while the second question examined the strategy with the most impact on reduction of risk taking behavior of FOVC.

End-line study conclusions and recommendations are presented below.

A. Factors Influencing FOVC Vulnerability

Akwa-Ibom State: key factors influencing FOVC vulnerability in the state included; poverty, peer pressure, lack of information about HIV/AIDS, ignorance of the risks, and early sexual activities among others.

Gombe State: The main factors influencing vulnerability in the state were; lack of care and close monitoring of FOVC, poverty, low self-confidence and importance, early marriage, early sexual debut, hawking culture, lack of awareness and information about HIV/AIDS, and polygamy.

Recommendations: Future program interventions need to examine factors influencing FOVC vulnerability on a context specific base in order to tailor specific activities to attenuate or completely eliminate them. Efforts should be focused on increasing awareness and information about HIV/AIDS among community stakeholders (FOVC, caregivers, community leaders) who directly or indirectly may be fueling the FOVC vulnerability factors.

B. Framing Question One

Education Strategy: Study findings showed significantly higher rates of exposure and change on the education indicators in intervention communities compared to their comparison group counterparts in both states. More of the FOVC in the intervention than their comparison group counterparts reported that they; (1) received support for schooling, (2) were enrolled in school, and (3) received vocational training. The difference may be attributed to the influence of the CUBS project strategy on education for FOVC and their caregivers. Qualitative findings provided more insights as FOVC and their caregivers reported that they received information on the importance of education and received scholastic materials which encouraged them to stay in school.

Reproductive Health (RH) Strategy: The findings showed significant differences on the indicators for RH between intervention and control communities in the two states. More FOVC in the intervention sites than their comparison group counterparts: (1) received information/services on sanitation and personal hygiene, (2) received information/services on HIV/AIDS and other STIs, and (3) know that abstinence from sex is a way of preventing HIV/AIDS. Also, more FOVC in the intervention sites know that avoidance of unsterilized needles can prevent HIV infection and have been tested for HIV.

Qualitative findings corroborated these results. FOVC and their caregivers reported that they were exposed to HIV/AIDS awareness and education, family life education, personal and environmental hygiene, and FOVC were provided sanitary pads. Also, FOVC reported that they received information on self-confidence building skills, and caregivers were taught parenting skills as well. These findings show that the CUBS project may have contributed to the increase in the performance of RH indicators in the intervention communities compared to their control group counterparts in the two states.

Income Generation Activity (IGA) Strategy: Quantitative findings suggest that more of caregivers in the intervention than their comparison group counterparts were involved in IGA, and more of them reported that the business venture changed their lives and that of their household for the better. Likewise, qualitative findings showed that caregivers in the two states participated in IGA trainings which enabled them to start petty trading, or faming and some reported that they received loans to start or expand an already existing business. Some of the observed increase in the indicators of IGA between the intervention and comparison groups may be attributed to CUBS business oriented programming.

More Insights on Framing Question One

The following are additional insights based on qualitative and quantitative results.

- Each of the three programming strategies (education, RH, and IGA) had impact on the FOVC in the intervention communities.
- In general, there seemed to be more impact of programming in Gombe state than in Akwa-Ibom state based on the number of significant results in the indicators of change and variations across background characteristics.
- OR intervention contributed to improved performance in programming based on the statistically significant difference in quantitative results of the baseline and the end-line study on each of the CUBS strategy. Also, qualitative results showed that CSOs were able to use baseline and rapid appraisal results to modify their work plans and implementation process.

Recommendations: Future programming for FOVC should focus on the three strategies simultaneously because each has a unique way of influencing the target population and their communities in general. Background characteristics should be given more attention in programing targeting sub-groups with specific tailored

massage or activities that may not be relevant to other sub-groups. And OR should be imbedded in programing right from the start of a project to support and reinforce evidence based programming for efficiency. Also, differences in cultural contexts need to be factored into programming as well.

C. Framing Question Two

The ultimate dependent variable in addressing this question was abstinence from sex which reduces or completely eliminates risk of HIV/AIDS, STIs, and unwanted pregnancy among other risks.

The first part of the question is whether there is significant reduction in risk taking behavior among FOVC in interventions compared with their respective comparison communities?

Results of quantitative analysis suggest that a smaller proportion of FOVC in intervention compared to their counterparts in the comparison communities reported that they; (1) ever had sexual intercourse, and (2) were sexually active at the time of end-line fieldwork. This evidence suggests that the CUBS project may have contributed to the significant reduction in risky behavior in the two states.

Evidence from multivariate analysis showed that educational support and health information contributed to the likelihood that FOVC will adopt sexual abstinence behavior. While FOVC who were exposed to education information/services were between 1.5 to 2.0 times as likely as their reference categories to abstain from sex, FOVC exposed to RH information/services were over 7 times as likely as their reference category to abstain from sex. These results were consistent for RH in the two states and for combined analysis. These results suggest that RH had more impact in reducing risky behavior of FOVC in the intervention communities investigated in the two states.

Additional Insights on Framing Question Two:

Sexual debut was at older ages in Akwa-Ibom than in Gombe state where it was at younger ages. Also, FOVC in Akwa-Ibom state responded more to abstinence behavior than their counterparts in Gombe state.

In general, religion played more significant roles in project impact on FOVC in Gombe than in Akwa-Ibom state. Only few Muslims were reported for Akwa-Ibom state compared to Gombe state which had a fair proportion of the two main religions. Thus, there were significant variations in the indicators of the three strategies with respect to religion in Gombe state.

Being in school or engaged in vocational skills training may have enabled more FOVC to be more goal oriented, self-confident and thus, more able to abstain from sex.

Recommendations: Future programming for FOVC should give more priority to RH strategy than other strategies with activities better channelled through girls' clubs, peer groups, caregivers or school counsellors or adequately trained representatives. These channels seemed to have been effective in reaching FOVC in this project. It is important to factor in differences by state and background characteristics in order to make programming more effective.

In general, it will be necessary to also consider key challenges and constraints expressed at the community, CSO, and MDA/CUBS Regional office levels in order to have better programming and a more impactful project intervention in the future.

VII. APPENDICES

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2. LIST OF INSTRUMENTS

Qualitative Instruments

- CUBS Operations Research FGD Guide for Female OVC Aged 12-17: Intervention Group
- CUBS Operations Research FGD Guide for Female OVC Aged 12-17: Control Group
- CUBS Operations Research FGD Guide for Female Caregivers: Intervention Group
- CUBS Operations Research FGD Guide for Female Caregivers: Control Group
- CUBS Operations Research Control Group: Caregiver Screening/Informed Consent Form
- CUBS Operations Research Intervention Group: Caregiver Screening/Informed Consent Form
- CUBS Operations Research Control Group: Female OVC Aged 12-17 Screening /Informed Consent Form
- CUBS Operations Research Intervention: Female OVC Aged 12-17 Screening /Informed Consent Form
- CUBS Operations Research GI Guide for CSO'S
- CUBS Operations Research KII Guide for MDA'S Staff
- CUBS Operations Research KII Guide for CUBS Regional Staff

Quantitative Instruments

- Community- Based Support (CUBS) Project Operations Research (OR) End-line Data Collection OVC Female Caregiver Questionnaire
- Community- Based Support (CUBS) Project Operations Research (OR) End-line Data Collection Female OVC Aged 12-17 Questionnaires

3. QUESTIONAIRE

Community-Based Support (CUBS) Project Operations
Research (OR) End-Line Data Collection
Female OVC Aged 12-17 Questionnaire

Interviewer's introduction: My name is _________ and I am working with the CUBS project to conduct an operations research focusing on project strategies and performance. I will like to ask questions about your involvement and experiences in the project. This interview will not go beyond 1 hour of your time.

Confidentiality & Consent
The information you provide will not be traced back to you or used against you in anyway (no name or personal identification required). Also, be informed that your participation in this study is completely voluntary. Note that if you decide to continue with this interview, you may stop it at any time if you so wish and you may decide not to answer any specific question.

May I continue with this interview? Yes ______ No _________

Consent obtained by interviewer: Name_________________________________
Signature: _______________________________ Date: _______________________

OVC IDENTIFICATION Fill in the appropriate geographical location, and ID number where applicable	Individual identification ☐☐☐☐☐☐		
Status of Interview	Complete Incomplete	1 2	
Classification of sub-group	Intervention group Control group	1 2	
State of Residence	Akwa-Ibom Gombe	1 2	
Local Government Area (LGA)	Name: ____________________________		
Usual place of residence	Urban Semi-Urban Rural	1 2 3	

Name of CBO/FBO involved in the CUBS project?	Applicants Welfare & Development Centre (AWANDEC) Women United for Economic Empowerment (WUEE) Women & Community Livelihood Foundation (WOCLIF) Womenalive Development Initiative (WODIN) Silverline Development Initiative (SDI) Knightingale Women & Health Initiative (KWHI) Centre for Community Health & Development International (CHAD Int'l) Doma Education Development Foundation (DEDF)	1 2 3 4 5 6 7 8	
SECTION 1: BACKGROUND INFORMATION			
Question and filters	**Coding Categories**		**Skip To**
Q101 In what year were you born?	Year________ Don't know No response	 88 99	
Q102 How old were you on your last birthday	Age in years /___/___/ Don't Know No response	 88 99	
Q103 What is your religion?	Traditional Catholic Protestant Muslim Other (Specify) ___________________ None No Response	1 2 3 4 5 8 9	
Q104: Do you attend religious services regularly?	Yes No Don't know No Response	1 2 8 9	
Q105: What is your marital status?	Single Married Divorced Separated Cohabiting Widowed Other (Specify)____________________ No response	1=> 2 3 4 5 6 7 9	**Q107**
Q106: How many wives (including known concubines) did/does your husband have?	One Two	1 2	

Question	Response options	Code		
	Three	3		
	Four or more	4		
	Don't know	8		
	No response	9		
Q107: What is your current living arrangement?	With mother only	1		
	With father only	2		
	With brother/sister	3		
	With friends	4		
	On my own	5		
	With spouse	6		
	With boyfriend/girlfriend	7		
	Grand parent	8		
	Aunt/Uncle	9		
	Others (Specify) ___________________	10		
	Don't know	98		
	No response	99		
Q108: Which of the following best describes the type of house you currently live?	Single family house	1		
	Duplex	2		
	Two to three bedroom flat	3		
(READ OUT OPTIONS)	Mini flat	4		
	Room & Parlour	5		
	Single room	6		
	Mud house with thatched roof	7		
	Mud house with zinc roof	8		
	Wood & other makeshift structures	9		
	Other (Specify)_____________________	10		
	Don't know	98		
	No response	99		
Q109: Which of the following items that I will be reading out are in your household?	Radio	1	2	
	TV	1	2	
	Fridge	1	2	
	Car	1	2	
(READ OUT ALL OPTIONS)	Video	1	2	
	Cable/Satellite dish	1	2	
	Washing machine	1	2	
(MULTIPLE RESPONSE POSSIBLE: CIRCLE 1 = yes, 2 = no)	Electricity	1	2	
	Generator	1	2	
	Telephone (landline)	1	2	
	Telephone (GSM)	1	2	
	Gas/electric cooker	1	2	
	Kerosene stove	1	2	
	Grinding machine	1	2	
	Motorcycle	1	2	
	Bicycle	1	2	
	Fan	1	2	
	Cows(s)	1	2	
	Goat(s)	1	2	
	Own farmland	1	2	

	Own ship/boat/canoe Horse/Camel/Donkey	1 1 1	2 2 2	
Q110: Where is your main source of water for drinking, cooking, and washing utensils etc?	From the stream From the well From rain water From public tap water From in-house tap water From tanker/water vendors From in-house borehole Other (Specify)____________________ Don't know No response	1 2 3 4 5 6 7 9 98 99		
Q111: What is your main method for sewage disposal?	Bush/public area Bucket toilet Pit toilet/latrine Water closet (WC) Other (Specify)___________________ Don't know No response	1 2 3 4 5 8 9		
Q112: Who is/are your guardian(s) (the person(s) who currently look(s) after you? **(MULTIPLE RESPONSE POSSIBLE: CIRCLE yes = 1, no = 2)**	Respondent is head of household Father Mother Aunt (Mom or Dad's Sister) Uncle (Mom or Dad's Brother) Grandmother Grandfather Sister Brother Cousin Other (Specify) _________________ Don't know No response	1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2	
Q113: Which of your parents is not alive?	Father Mother Both Don't know No response	1 2 3 8 9		
Q114: What do you think was the cause of		F	M	

his/her death? **(MULTIPLE RESPONSE POSSIBLE: CIRCLE M = FATHER AND F = MOTHER)**	HIV/AIDS Tuberculoses Pneumonia Malaria Long Illness Accident War Bewitched Other (Specify)____________ Don't know No response	1 2 3 4 5 6 7 8 9 8 9	1 2 3 4 5 6 7 8 9 8 9	
SECTION 2: TYPES OF SUPPORT RECEIVED We would now like to ask you more information about types of support received with focus on your education and other training that you are currently receiving or may have received in the past.				
Q201 What types of outside support have you and/or your household received in the past and now? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	None Health care information/services Educational support Vocational training Rights and protection services Psychosocial care Emotional wellbeing Livelihood opportunities (IGA) Other (specify) _______________ Don't Know No response	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2	
Q202: Who gave you and/or your family the support that you mentioned in Q201 above? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Don't Know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Educational Support				
Q203: Have you ever been in school?	Yes No No response		1 2 => 9	**Q218**
Q204: Have you ever received any support outside of your family to attend school?	Yes No Don't know No response		1 2 8 9	

Question	Response	Code		Skip
Q205: Who provided the educational support? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_______________________ Don't Know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q206: How long ago did you first receive educational support outside of your family to attend school?	Within the last twelve months Within 1-2 years ago More than 2 years ago Cannot remember No response	1 2 3 8 9		
Q207: What type(s) of support have you received outside of your family to attend/stay in school? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	School fees School Materials (Exercise books, Pens, Pencils, Notebooks, etc) Textbooks Uniforms Sanitary pads/towels Other feminine needs (Specify)__________ No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
Q208: Are you currently enrolled in school?	Yes No No response	1 2 => 9		**Q214**
Q209: If currently in school, in what class are you now? **ENTER CLASS AFTER THE APPROPRIATE LEVEL**	Class (Primary) /___/___/ Class (Secondary) /___/___/ Don't know No response	 88 99		
Q210: Do you have time to do school homework at home?	Yes No No response	1 2 9		
Q211: What are the reasons you don't have enough time to do school work at home? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Taking care of brother(s)/sister(s) Taking care of elders Taking care of sick parent Helping with household chores Farming Don't like homework Don't know how to do homework Other _____________________________ Don't know No response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	

Question	Response	Code		Skip
Q212: How many days were you absent from school in the last three months?	None	1 =>		**Q214**
	1 – 5 days	2		
	6 – 10 days	3		
	11 or more days	4		
	Don't know	8		
	No response	9		
Q213: What are the reasons that you usually are/were absent from school? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Death of parent(s)	1	2	
	Death of guardian	1	2	
	Taking care of brother(s)/sister(s)	1	2	
	Taking care of elders	1	2	
	Taking care of sick parent(s)	1	2	
	Helping with household chores	1	2	
	Work in the farm	1	2	
	Help with petty trading	1	2	
	Fall sick often	1	2	
	Hunger (no food to eat)	1	2	
	External support (from CBO/FBO) ended	1	2	
	Don't like school/homework	1	2	
	Older than other children in school	1	2	
	No sanitary material during period	1	2	
	Sexual harassment/abuse	1	2	
	Other (Specify): ______________________________	1	2	
	Don't know	1	2	
	No response	1	2	
Q214: When was the last time you attended school? **(INTERVIEWER: ONLY FOR THOSE NOT CURRENTLY IN SCHOOL/DROPPED OUT OF SCHOOL)**	In the last school year	1		
	Before the last school year	2		
	No response	9		
Q215: Why did you drop out of school? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Death of parent(s)	1	2	
	Death of guardian	1	2	
	Taking care of brother(s)/sister(s)	1	2	
	Taking care of elders	1	2	
	Taking care of sick parent(s)	1	2	
	Helping with household chores	1	2	
	Work in the farm	1	2	
	Help with petty trading	1	2	
	Fall sick often	1	2	
	Hunger (no food to eat)	1	2	
	External support (from CBO/FBO) ended	1	2	
	Don't like school/homework	1	2	
	Older than other children in school	1	2	
	No sanitary material during period	1	2	
	Sexual harassment/abuse	1	2	

Question	Response	Code		Skip
	Other (Specify) ______________________ Don't know No response	1 1 1 1	2 2 2 2	
Q216: Did you pass or fail your last term exams?	Yes No Don't know No response	1 2 8 9		
Q217: Would you like to be in school?	Yes No Don't know No response	1 2 8 9		
Vocational Training				
Q218 Have you ever received a vocational training?	Yes No Don't know No response	1 2 => 8 9		 **Q223**
Q219: Who enabled you to attend this vocational training? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Don't know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q220: What type of vocational training have you received? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Fashion design/tailoring Hair dressing Arts (design & embroidery) Interior decoration Catering Bead making Computer training Others (specify) ________________ Don't know No response	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	
Q221 Did you complete the training?	Yes No No response	1 2 9		
Q223: Why did you not complete the training? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Death of parent(s) Death of guardian(s) Financial problems Frequent illness Lack of support Lack of interest/self will Other (specify) _________________ Don't know	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	

	No response		
Q224: When did you graduate from the training?	In the last month In the last six months In the last year More than a year ago Don't Know No Response	1 2 3 4 8 9	
Q225: Are you currently employed?	Yes No No response	1 2 => 9	Q228
Q226: Is your job due to the vocational training that you received?	Yes No No response	1 2 9	
Q227: Would you like to receive vocational training?	Yes No Don't Know No Response	1 2 8 9	
Q228: Which of the educational/vocational training support that you received from this project is/are most crucial to enabling you stay in school/finished your schooling or vocational training? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	School fees School Materials (Exercise books, Pens, Pencils, Notebooks, etc) Textbooks Uniforms Training fees (vocational) Training materials (vocational) Guarantor (vocational) Sanitary pads/towels Other feminine needs (Specify)___________________________ No response	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q229: How would you rate the educational/vocational support that you received from the CUBS project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9	

SECTION 3: REPRODUCTIVE HEALTH SERVICES

In this section, we will be asking you some personal questions on your knowledge about HIV and other issues. The information that you provide will not be shared with anyone. We will not link you with this information in any way.

Q301 Have you received any health information and services through this project?	Yes No Don't know	1 2 => 8	**Q303**

	No response	9		
Q302: What types of health information/services have you received? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Female anatomy Puberty & menarche Ovulation circle Sanitation & personal hygiene Family planning & safe motherhood HIV/AIDS & other STIs Health & rights Self-worth & dignity Treatment for minor ailments Long Lasting Insecticide Treated (LLIN) Mosquito nets Water guard Other (Specify) ____________________	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2	
Q303 The last time you received health care services, where did you go?	Never received any health care services Hospital/Clinic Health center/health post Bought medicine from a drug store Traditional healer Self medication (herbs & others) No treatment Other (specify)_______________ Don't know No response	1 => 2 3 4 5 6 7 8 88 99		**Q309**
Q304: Who paid for the treatment? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	No payment Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Other (specify) Don't know No response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	
Q305: Did you get the medicine you needed?	Yes No Don't know No response	1 => 2 8 9		**Q307**
Q306: Why didn't you get the medicine you needed? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	No money to buy the medicine. No medicine available Do not like modern medicine Other (specify) _______________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	

Q307: In your opinion, which of the health care support that you received from this project is most important?	Female anatomy Puberty & menarche Ovulation circle Sanitation & personal hygiene Family planning & safe motherhood HIV/AIDS & other STIs Health & rights Self-worth & dignity Treatment for minor ailments Long Lasting Insecticide Treated (LLIN) Mosquito nets Water guard Other (Specify) ____________________	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2	
Q308: How would you rate the health care information/services from CUBS project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9		

SECTION 4: RIGHTS & PROTECTION In this section we will be focussing on child rights and protection in your community. Your responses will be kept confidential and information will not be shared with anyone.			
Q401: Is it a common practice in this community for relatives to prevent **sons** from inheriting their late parents' property?	Yes No Don't know No Response	1 2 8 9	
Q402: Is it a common practice in this community for relatives to prevent **daughters** from inheriting their late parents' property?	Yes No Don't know No Response	1 2 8 9	
Q403: IF PARENTS OR FATHER ARE DEAD, THEN ASK: Did you have such an experience?	Yes No Don't know No Response	1 2 => 8 9	**Q406**
Q404: IF BOTH PARENTS HAVE DIED, THEN ASK: Before they died, did your parent(s) make a plan for who would take care of you?	Yes No Don't Know No Response	1 2 8 9	
Q405 If yes, was this plan followed?	Yes	1	

	No Don't Know No Response	2 8 9		
Q406 Have you ever received any assistance on maltreatment(s) from relatives or anybody?	Yes No Don't Know No Response	1 2 => 8 9		 **Q410**
Q407 What kind of maltreatment(s) have you received (including sexual harassment)? **(PROBE FOR SPECIFIC TYPES)**	______________________________ ______________________________			
Q408 Where did you receive help on the maltreatment(s) in Q407 above? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Don't know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q409: What type of help did you receive from the CBO/FBO (call name) on the maltreatment(s) you just mentioned?	_________________________________ _________________________________			
Q410: Do you have a birth certificate?	Yes No Don't know No response	1 2 => 8 9		 **Q412**
Q411: Who provided you with the birth certificate? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Don't know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q412: Which of the help that you received on your rights and protection **(i.e. maltreatment(s), or birth certificate)** is/are most important to you?	___________________________________ ___________________________________ ___________________________________			

Q413: How would you rate the help you received from the CUBS project on your rights and protection (s)	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9	

SECTION 5: PSYCHSOCIAL SUPPORT In this section, we will be focusing on emotional and psychosocial issues. All your responses will be kept confidential.				
Q501: Have you ever been worried or disturbed?	Yes No Don't know No response	1 2 => 8 9		 **Q505**
Q502: Did you receive help from anyone when you were/are worried or disturbed?	Yes No Don't know No response	1 2 => 8 9		 **Q505**
Q503: What types of problems or worries have you received help on in the last 12 months?	______________________________ ______________________________ ______________________________			
Q504: The last time you were disturbed or worried, who did you discuss with? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Guardian/caregiver Father Mother Brothers/sisters Friends/relatives, Other children CBO/FBO staff/volunteer Teacher/principal Faith Leader Keep to myself Nobody Others (Specify) _________________ No response	1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2	
Q505: Have you received training in life skills education?	Yes No Don't know No response	1 2 => 8 9		 **Q507**
Q506: What did you learn in your life	Information about HIV & AIDS	1	2	

education/skills training? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Decision making skills Setting life Goals Understanding myself HIV Prevention How to achieve the goals I set for myself Other (Specify)____________________ Don't know No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
Q507: Are you part of a support group of other girls?	Yes No Don't know No response	1 2 => 8 9		 **Q511**
Q508: Which support group activities did you participate in? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Girls group Kids club Youth club Other (Specify) ____________________ No response	1 1 1 1 1	2 2 2 2 2	
Q509: Did you find the support group useful?	Yes No Don't know No response	1 2 => 8 9		 **Q511**
Q510: Why do you find the support group useful? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Makes me feel good about myself Fun to meet with friends Allows for discussion of common problems Gives me idea on how to deal with problems Decisions made by a group get more attention Others (Specify) ___________________ Don't know No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
Q511: In the last three months, has any person who is not your guardian visited you to talk to you about your worries and provided solutions?	Yes No Can't remember No response	1 2 => 8 9		 **Q515**
Q512: Who visited you/your family because of you? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	CUBS CBO/FBO staff/volunteer School Teacher LGA Counsellor Member of Religious Group Other (specify)___________ Don't know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	

Q513: Did you find this visit useful to you?	Yes No No Response	1 2 => 9	 **Q515**
Q514: What did you find useful about the visit?	______________________________ ______________________________		
Q515: Which of the help received on **worries, life skills education, and support groups** did you find most useful?	________________________________ ________________________________ ________________________________		
Q516: How would you rate the emotional support that you received from your involvement in this (CUBS) project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9	

SECTION 6: RISKY BEHAVIOR, EXPOSURE & KNOWLEDGE ABOUT HIV/AIDS We would like to discuss your knowledge about HIV. The information that you provide will be kept secret and confidential. We will not share the information that you provide with anyone.			
Q601: Have you ever had sex?	Yes No No response	1 2 => 9	 **Q609**
Q602: How old were you when you first had sexual intercourse if ever?	Age in years /___/___/ Don't Know No response	 8 9	
Q603: What was your relationship with the person with whom you first had sex?	Spouse Boyfriend/Girl friend Other friend Relative Teacher Prostitute Teacher Other (specify) ____________ No response	1 2 3 4 5 6 7 8 9	
Q604: Did you have sex in the past 12 months?	Yes No	1 2	

	No response	9		
Q405: What was your relationship(s) with the person(s) you had sex with in the last 12 months? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Spouse Boyfriend/Girl friend Other friend in age group Older man friend Relative Teacher Prostitute Teacher Other (specify) _______________ No response	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	
Q606: What are the reasons why you had the last sex? (*pause*) **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Express love Sexual desire Fun Peer pressure Maintain relationship For money Forced Favor Other (specify) _______ No response	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	
Q607 If forced to have sex, were you able to talk to someone who helped you deal with this situation?	Yes No Don't know No response	1 2 => 8 9		 **Q609**
Q608 Who did you talk with to help you deal with the situation? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	CBO/FBO staff/volunteer School Teacher LGA Counsellor Member of Religious Group Other (specify)___________ Don't know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q609 Have you ever participated in **AB** prevention organized by the CUBS project?	Yes No Don't know No response	1 2 => 8 9		 **Q611**
Q610 Why have you not had sex? (*Pause*) any other reasons*?* **(DO NOT READ OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	No opportunity Prevent HIV/AIDS/STI Not old enough/ Not ready To please God Committed to abstinence I'm told not to/ Peer pressure Not married Avoid pregnancy Other (specify) ________________ Don't know No response	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2	

Question	Response	Code		Skip
Q611 Have you ever heard about HIV/AIDS?	Yes No No response	1 2 => 9		**Q615**
Q612 Where did you obtain information about HIV/AIDS? **(DO NOT READ OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Newspaper Radio Television CBO/FBO staff/volunteer School teachers Health facility staff Friends/colleagues Parents/Guardian Other (specify)_________________ Don't know No response	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2	
Q613: What are the modes of HIV transmission? **(DO NOT READ OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Unprotected sex Sharing of skin piercing objects Unscreened blood transfusion Mother to child Kissing Mosquito bites Toilet sharing Sharing meals Skin disease Hand shakes Other (Specify)____________________ Don't know No response	1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2	
Q614: What are the ways of preventing HIV transmission? **(DO NOT READ OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Abstinence from sex Avoid unscreened blood Avoid use of unsterilized needle/sharps Sticking to one sexual partner Correct use of condom Avoid casual sex Avoid sharing of skin piercing object Other (Specify)___________________ Don't know No response	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	
Q615: Have you heard about any other sexually transmitted disease/s aside HIV?	Yes No Don't know No response	1 2 => 8 9		**Q622**
Q616: If yes to Q615, could you mention the ones that you know? **(DO NOT READ OUT OPTIONS, IF LOCAL TERMINOLOGIES ARE USED ASK**	Gonorrhea Candidiasis Herpes Syphilis Staphylococcus	1 1 1 1 1	2 2 2 2 2	

FOR CLERIFICATIONS) **(MULTIPLE RESPONSE POSSIBLE, CIRCLE yes = 1, no = 2)**	Other (Specify)_____________________ Don't know No response	1 1 1	2 2 2	
Q617: What are the common symptoms of STIs in women? **(DO NOT READ OUT OPTIONS, IF LOCAL TERMINOLOGIES ARE USED ASK FOR CLERIFICATIONS, CIRCLE APPROPRIATE OPTION)** **(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	Waist/Abdominal pains Genital discharge Foul smelling discharge Burning pains on urination Genital ulcers/sores Swellings in groin area Itching Other (Specify) Don't know No response	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	
Q618: Have you ever had any of these STIs?	Yes No Don't know No response	1 2 => 8 9		 **Q622**
Q619: Did you go for treatment the last time you had the STIs?	Yes No Don't know No response	1 2 => 8 9		 **Q622**
Q620: Who paid for the treatment? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Neighbor/s Relatives CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Don't know No response 	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
Q621: If no to question Q619 why did you not go for treatment? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	No money to pay for medicine No medicine available at facility Do not like modern medicine Other (specify) ______________________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	
Q622: In what specific ways has your behavior changed based on your involvement in the (Name of CBO/FBO) project activities? **(DO NOT READ OUT OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, yes =**	No change in behavior Abstained from sex Avoided unscreened blood Avoided use of unsterilized needle/sharps Reduced number of sexual partner Maintained only one sexual partner Used condoms during sexual intercourse Avoided casual sex Avoided sharing of skin piercing object	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	

1, no = 2)	Other (Specify)___________________ Don't know No response	1 1 1	2 2 2	
Q623: Which other aspects of your life has been influenced by your involvement in the (name CBO/FBO) project activities? **(DO NOT READ OUT OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	Self confidence Self respect See self as role model Feel more responsible for own actions Feel more responsible to help others Other (Specify) __________________ Don't know No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
Q624: How would you rate your level of knowledge about HIV and other STI received from this project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9		

Q625: Please rate the following information/services that you received from the CUBS project with respect to their importance in changing your life for the better? **(READ OUT INFO/SERVICES & ALL OPTIONS & CIRCLE ONE ON EACH OF THEM)** **(MULTIPLE RESPONSE POSSIBLE: 1=not important, 2 = fairly important, 3=important, 4= very important, 5=most important)**	*Info/Services*					
	Education	1	2	3	4	5
	Reproductive Health	1	2	3	4	5
	HIV/AIDS Information	1	2	3	4	5
	Caregiver involvement in IGA	1	2	3	4	5

SECTION 7: HIV COUNSELLING & TESTING

In this section we will obtain information from you about your attitudes towards HIV testing. The information that you provide shall be kept with almost secrecy.

Q701: How can a person know that he/she has HIV? **(DO NOT READ OUT OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, yes**	By going for a test By going for HIV counselling & testing Other (Specify)_____________________ Don't know No response	1 1 1 1 1	2 2 2 2 2	

= 1, no = 2)				
Q702: Do you know of a place where a person can go for an HIV test?	Yes No Don’t know No response	1 2 => 8 9		 **Q706**
Q703: I don’t want to know the results, have you ever been tested for HIV? **(INTERVIEWER: DO NOT ASK FOR THE RESULT)**	Yes No Don’t know No response	1 2 => 8 9		 **Q706**
Q704: How long ago where you tested for HIV?	Less than three months Three to six months Seven to one year Over one year Don’t know No response	1 2 3 4 8 9		
Q705: If **yes** (to Q703), what are the reasons you did the test? **(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	To know my HIV status To know how to protect myself against HIV To play safe Because of marriage I had a talk about it My friends did/are doing it Other (Specify)______________________ Don’t know No response	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	
Q706: If never been tested for HIV, are you willing to go for the test now or in the future?	Yes No Don’t know No response	1 => 2 8 9		**Q709**
Q707: If no (to Q706) why don’t you want to go for test? **(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	I cannot be infected with HIV I’m afraid the result might be positive I’m not interested in knowing my HIV status I’m afraid what people will say Fear of being infected during test Other (Specify)________________________ Don’t know No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	 **Q709** **Q709** **Q709** **Q709** **Q709** **Q709** **Q709**
Q708: Why do you think you cannot be infected? **(QUESTION FOR ONLY THOSE WHO SAID THEY CANNOT BE INFECTED OR NO RESPONSE, OR DON’T KNOW)**	_______________________________________ _______________________________________ _______________________________________			

	______________________________________			
Q709: If you are positive, who would you be willing to disclose your status to? **(READ OUT ALL OPTION; MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	No, not to anybody Close friends & associates Family member & relatives Health worker/officials Colleagues at school or workplace Anyone who should know Other (Specify)________________________ Don't know No response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	**Q711**
Q710: If **willing to disclose** HIV result to somebody, why would you do so? **MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	To find solution to the problem To help reduce the spread of the disease To be able to get necessary help Other (Specify)________________________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	**All END**
Q711: If **not willing to disclose** HIV result to somebody, why would you not want to do so?	Fear of their reaction Stigma & discrimination Shame & disgrace Effect on social status Would like to spread to others Other (Specify) _______________________ Don't know No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	

THE END

Thank you for spending your time, to provide us with these valuable information.

Community-Based Support (CUBS) Project Operations Research (OR) End-Line Data Collection
OVC Female Caregiver Questionnaire

Interviewer's introduction: My name is _________ and I am working with the CUBS project to conduct an operations research focusing on project strategies and performance. I will like to ask questions about your involvement and experiences in the project. This interview will not go beyond 1 hour of your time.

Confidentiality & Consent
The information you provide will not be traced back to you or used against you in anyway (no name or personal identification required). Also, be informed that your participation in this study is completely voluntary. Note that if you decide to continue with this interview, you may stop it at any time if you so wish and you may decide not to answer any specific question.

May I continue with this interview? Yes ______ No _________

Consent obtained by interviewer: Name_________________________________
Signature: _______________________________ Date: _______________________

Caregiver IDENTIFICATION Fill in the appropriate geographical location, and ID number where applicable	Individual identification | | | | | | |		
Status of Interview	Complete Incomplete	1 2	
Classification of sub-group	Intervention group Control group	1 2	
State of Residence	Akwa-Ibom Gombe	1 2	
Local Government Area (LGA)	Name: ____________________________		
Usual place of residence	Urban Semi-Urban Rural	1 2 3	
Name of CBO/FBO involved in the CUBS project?	Applicants Welfare & Development Centre (AWANDEC) Women United for Economic Empowerment (WUEE) Women & Community Livelihood Foundation (WOCLIF)	1 2 3	

	Womenalive Development Initiative (WODIN) Silverline Development Initiative (SDI) Knightingale Women & Health Initiative (KWHI) Centre for Community Health & Development International (CHAD Int'l) Doma Education Development Foundation (DEDF)	4 5 6 7 8	

SECTION 1: BACKGROUND INFORMATION

Question and filters	Coding Categories		Skip To
Q101: RECORD SEX OF RESPONDANT	Male Female	1 2	
Q102: In what year were you born?	Year________ Don't know No response	 88 99	
Q103: How old were you on your last birthday	Age in years /___/___/ Don't Know No response	 88 99	
Q104: What is your religion?	Traditional Catholic Protestant Muslim Other (Specify) ___________________ None No Response	1 2 3 4 5 8 9	
Q105: Do you attend religious services regularly?	Yes No Don't know No Response	1 2 8 9	
Q106: What is your marital status?	Single Married Divorced Separated Cohabiting Widowed Other (Specify)____________________ No response	1 => 2 3 4 5 6 7 9	**Q107**
Q107: How many wives (including known concubines) does your husband have?	One Two Three Four or more Don't know No response	1 2 3 4 8 9	

Question	Response	Code		
Q108: What is your level of education/schooling?	No education	1		
	Islamic	2		
	Primary	3		
	Secondary	4		
	Higher	5		
	Don't know	8		
	No response	9		
Q109: Which of the following best describes the type of house you currently live?	Single family house	1		
	Duplex	2		
	Two to three bedroom flat	3		
(READ OUT OPTIONS)	Mini flat	4		
	Room & Parlour	5		
	Single room	6		
	Mud house with thatched roof	7		
	Mud house with zinc roof	8		
	Wood & other makeshift structures	9		
	Other (Specify)____________________	10		
	Don't know	98		
	No response	99		
Q110: Which of the following items that I will be reading out are in your household?	Radio	1	2	
	TV	1	2	
	Fridge	1	2	
	Car	1	2	
	Video	1	2	
(READ OUT ALL OPTIONS)	Cable/Satellite dish	1	2	
	Washing machine	1	2	
	Electricity	1	2	
(MULTIPLE RESPONSE POSSIBLE: CIRCLE 1 = yes, 2 = no)	Generator	1	2	
	Telephone (landline)	1	2	
	Telephone (GSM)	1	2	
	Gas/electric cooker	1	2	
	Kerosene stove	1	2	
	Grinding machine	1	2	
	Motorcycle	1	2	
	Bicycle	1	2	
	Fan	1	2	
	Cows(s)	1	2	
	Goat(s)	1	2	
	Own farmland	1	2	
	Own ship/boat/canoe	1	2	
	Horse/Camel/Donkey	1	2	
		1	2	
Q111: Where is your main source of water for drinking, cooking, and washing utensils etc?	From the stream	1		
	From the well	2		
	From rain water	3		
	From public tap water	4		
	From in-house tap water	5		
	From tanker/water vendors	6		

	From in-house borehole Other (Specify)____________________ Don't know No response	7 9 98 99		
Q112: What is your main method for sewage disposal?	Bush/public area Bucket toilet Pit toilet/latrine Water closet (WC) Other (Specify)___________________ Don't know No response	1 2 3 4 5 8 9		
Q113: How many children do you currently have in your care?	One Two Three Four Five Six or more Don't know No response	1 2 3 4 5 6 8 9		
Q114: What is your relationship with these children? **(MULTIPLE RESPONSE POSSIBLE: CIRCLE yes = 1, no = 2)**	Respondent is head of household Father Mother Aunt (Mom or Dad's Sister) Uncle (Mom or Dad's Brother) Grandmother Grandfather Sister Brother Cousin Other (Specify) _________________ Don't know No response	1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2	

SECTION 2: TYPES OF SUPPORT RECEIVED

We would like to ask you more information about the types of support that you and your family is currently receiving or may have received in the past.

Q201: What types of outside support have you and/or your household received in the past and now? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	None Health care information/services Educational support Vocational training Rights and protection services Psychosocial care Emotional wellbeing Parenting skills training Livelihood opportunities (IGA) Other (specify) _______________ Don't Know No response	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2	
Q202: Who gave you and/or your family the support that you mentioned in Q201 above? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Don't Know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Educational Support				
Q203: Have you or your family ever received any educational support outside of your family to attend school?	Yes No Don't know No response	1 2 => 8 9		**Q207**
Q204: Who provided the educational support? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_______________________ Don't Know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q205: How long ago did your family first received outside educational support?	Within the last twelve months Within 1-2 years ago More than 2 years ago Cannot remember No response	1 2 3 8 9		
Q206: What type(s) of support have your children (family) received to attend/stay in school? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	School fees School Materials (Exercise books, Pens, Pencils, Notebooks, etc) Textbooks Uniforms Sanitary pads/towels Other feminine needs (Specify)__________ No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
Q207: Are the female OVC in your	Yes	1		

household aged 12-17 in school? **(ASK FOR NAME OF FEMALE INDEX OVC AND USE IN SUBSEQUENT QUESTIONS)**	No Don't know No response	2 8 9		
Q208: If yes to Q207, do they attend school regularly?	Yes No Don't know No response	1 => 2 8 9		**Q211**
Q209: What are the reasons why (name of the female OVC) do not attend school regularly? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Death of parent(s) Death of guardian Taking care of brother(s)/sister(s) Taking care of elders Taking care of sick parent(s) Helping with household chores Work in the farm Help with petty trading Fall sick often Hunger (no food to eat) External support (from CBO/FBO) ended Don't like school/homework Older than other children in school No sanitary material during period Sexual harassment/abuse Other (Specify): _______________________________ Don't know No response	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Q210: What are the reasons why (name of female) in your household is not in school? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Death of parent(s) Death of guardian Taking care of brother(s)/sister(s) Taking care of elders Taking care of sick parent(s) Helping with household chores Work in the farm Help with petty trading Fall sick often Hunger (no food to eat) External support (from CBO/FBO) ended Don't like school/homework Older than other children in school No sanitary material during period Sexual harassment/abuse Other (Specify): _______________________________ Don't know	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

	No response	1	2	
	Vocational Training			
Q211: Is the female OVC aged 12-17 in your household ever received a vocational training?	Yes No Don't know No response	1 2 => 8 9		 **Q215**
Q212: Who enabled her (name) to attend this vocational training? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_______________ Don't know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q213: What type of vocational training has she received? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Fashion design/tailoring Hair dressing Arts (design & embroidery) Interior decoration Catering/cooking Bead making Computer training Others (specify) _____________ Don't know No response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	
Q214: Did (name of female OVC) complete the training?	Yes No No response	1 2 9		
Q215: Why did (name) not complete the training? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Death of parent(s) Death of guardian(s) Financial problems Frequent Illness Lack of support Lack of interest/self will Other (specify) ______________ Don't know No response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	
Q216: Is she (name) currently employed?	Yes No No response	1 2 => 9		 **Q218**
Q217: Is she (name) working with the skills from her vocational training?	Yes No No response	1 2 9		

Q218: Do you know if she (name) would like to receive vocational training?	Yes No Don't Know No Response	1 2 8 9		
Q219: Which of the educational support that your family received is/are most crucial to enabling (name of female OVC aged 12-17) to stay in school/finished her schooling? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	School fees School Materials (Exercise books, Pens, Pencils, Notebooks, etc) Textbooks Uniforms Sanitary pad/towels Other feminine needs (Specify)__________ No response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	
Q220: How would you rate the educational/vocational support that (name of female OVC) received from the CUBS (CBO/FBO) project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Don't know No response	1 2 3 4 8 9		

SECTION 3: REPRODUCTIVE HEALTH SERVICES In this section, we will be asking you some personal questions on your knowledge about HIV and other issues. The information that you provide will not be shared with anyone. We will not link you with this information in any way.				
Q301: Have your household received any health information/services through the CUBS (CBO/FBO) project?	Yes No Don't know No response	1 2 => 8 9		**Q303**
Q302: What types of health information/services have you received? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Female anatomy Puberty & menarche Ovulation circle Sanitation & personal hygiene Family planning & safe motherhood HIV/AIDS & other STIs Health & rights Self-worth & dignity Treatment for minor ailments Long Lasting Insecticide Treated (LLIN) Mosquito nets Water guard Other (Specify) ____________________	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2	

Q303: The last time your family received health care services, where did you go?	Never received any health care services Hospital/Clinic Health center/health post Bought medicine from a drug store Traditional healer Self medication (herbs & others) No treatment Other (specify)_______________ Don't know No response	1 => 2 3 4 5 6 7 8 88 99		**Q401**
Q304: Who often pays for treatment of your family members? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	No payment Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Other (specify) Don't know No response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	
Q305: In your opinion, which of the health care support that your (name of female OVC aged 12-17) received from this project is most important?	Female anatomy Puberty & menarche Ovulation circle Sanitation & personal hygiene Family planning & safe motherhood HIV/AIDS & other STIs Health & rights Self-worth & dignity Treatment for minor ailments Long Lasting Insecticide Treated (LLIN) Mosquito nets Water guard Other (Specify) ____________________	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2	
Q306: How would you rate the health care information/services that your family received from CUBS (CBO/FBO) project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9		

SECTION 4: RIGHTS & PROTECTION

In this section we will be focussing on child rights and protection in your community. Your responses will be kept confidential and information will not be shared with anyone.

Q401: Is it a common practice in this community for relatives to prevent **sons** from inheriting their late parents' property?	Yes No Don't know No Response	1 2 8 9	
Q402: Is it a common practice in this community for relatives to prevent **sons** from inheriting their late parents' property?	Yes No Don't know No Response	1 2 8 9	
Q403: Did your (name female OVC aged 12-17) has such an experience? **(USE NAME OF FEMALE OVC IN SUBSEQUENT QUESTIONS)**	Yes No Don't know No Response	1 2 => 8 9	 **Q406**
Q404: Before her (name of female OVC) parent(s) died, did they make plan(s) for who would take care of her?	Yes No Don't Know No Response	1 2 => 8 9	 **Q406**
Q405: If yes, was this plan followed?	Yes No Don't Know No Response	1 2 8 9	
Q406: In your opinion, has (name of female OVC) ever received any assistance on maltreatment(s) from relatives or anybody?	Yes No Don't Know No Response	1 2 => 8 9	 **Q410**
Q407: What kind of maltreatment(s) has she received (including sexual harassment etc)? **(PROBE FOR SPECIFIC TYPES)**	______________________________ ______________________________		
Q408: Where did she (name of female OVC) receive help on the maltreatment(s) in Q406 above? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Don't know No response	1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q409: What type of help did (name of female OVC) receive from the CBO/FBO?	__________________________________ __________________________________		

	___________________________________		
Q410: Does (name of female OVC) have a birth certificate?	Yes No Don't know No response	1 2 => 8 9	Q412

Q411: Who provided her with the birth certificate? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Relatives Neighbor/s CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)__________________ Don't know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q412: In your opinion, which of the help that she received on rights and protection **(i.e. maltreatment(s) or birth certificate**) is/are most important?	_____________________________________ _____________________________________ _____________________________________			
Q413: How would you rate the help that she received on the maltreatment(s)	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9		

SECTION 5: PSYCHSOCIAL SUPPORT In this section, we will be focusing on emotional and psychosocial issues. All your responses will be kept confidential.			
Q501: Does (name of female OVC) discuss her worries and emotional issues with you?	Yes No Don't know No response	1 2 8 9	
Q502: Has (name of female OVC) received help from anyone when she was worried or disturbed?	Yes No Don't know No response	1 2 8 9	
Q503: What types of problems or worries have she received help on in the last 12	___________________________________		

months?	______________________________			
Q504: The last time she (name of female OVC) was disturbed or worried, who did she discuss with? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Guardian/caregiver Father Mother Brothers/sisters Friends/relatives, Other children CBO/FBO staff/volunteer Teacher/principal Faith Leader Keep to myself Nobody Others (Specify) _______________ No response	1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2	
Q505: Has she received training in life skills education?	Yes No Don't know No response	1 2 => 8 => 9 =>		 **Q507** **Q507** **Q507**
Q506: What do female OVC learn in life education/skills classes? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Information about HIV & AIDS Decision making skills Setting life Goals Understanding myself HIV Prevention How to achieve the goals I set for myself Other ____________________ Don't know No Response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	
Q507: Is (name of female OVC) in a support group of other children?	Yes No Don't know No response	1 2 => 8 => 9 =>		 **Q509** **Q509** **Q509**
Q508: Which support group activities does she participate/d in? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Girls group Kids club Youth club Other (Specify) _________________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	
Q509: In the last three months, has any person visited (name of female OVC) to talk to her about her worries and provide solutions?	Yes No Can't remember No response	1 2 8 9		

Q510 Who visited her/your family because of her?	CBO/FBO staff/volunteer School Teacher LGA Counsellor Member of Religious Group Other (specify)___________ Don't know No response	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
Q511: In your opinion, do you think the visit was useful to her (name of female OVC)?	Yes No Don't know No response	1 2 => 8 => 9 =>		 **Q513** **Q513** **Q513**
Q512: What makes you think that the visit was useful?	________________________________ ________________________________			
Q513: In your opinion, which the help received (i.e. **worries, life skills education, and support groups**) did she find most useful?	___________________________________ ___________________________________ ___________________________________			
Q514: How would you rate the emotional support that (name of female OVC) received from her involvement in this project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9		

SECTION 6: EXPOSURE & KNOWLEDGE ABOUT HIV/AIDS We would like to discuss your knowledge about HIV. The information that you provide will be kept secret and confidential. We will not share the information that you provide with anyone.				
Q601: Have you ever heard about HIV/AIDS?	Yes No No response	1 2 => 9		 **Q605**
Q602: Where did you obtain information about HIV/AIDS? **(DO NOT READ OPTIONS)**	Newspaper Radio Television CBO/FBO staff/volunteer School teachers of children	1 1 1 1 1	2 2 2 2 2	

(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)	Health facility staff Friends/colleagues Parents/Guardian Other (specify)_________________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	
Q603: What are the modes of HIV transmission? **(DO NOT READ OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Unprotected sex Sharing of skin piercing objects Unscreened blood transfusion Mother to child Kissing Mosquito bites Toilet sharing Sharing meals Skin disease Hand shakes Other (Specify)____________________ Don't know No response	1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2	
Q604: What are the ways of preventing HIV transmission? **(DO NOT READ OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Abstinence from sex Avoid unscreened blood Avoid use of unsterilized needle/sharps Sticking to one sexual partner Correct use of condom Avoid casual sex Avoid sharing of skin piercing object Other (Specify)___________________ Don't know No response	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	
Q605: Have you heard about any other sexually transmitted disease/s aside HIV?	Yes No Don't know No response	1 2 => 8 9		**Q612**
Q606: If yes to Q605, could you mention the ones that you know? **(DO NOT READ OUT OPTIONS, IF LOCAL TERMINOLOGIES ARE USED ASK FOR CLERIFICATIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE yes = 1, no = 2)**	Gonorrhea Candidasis Herpes Syphilis Staphylococcus Other (Specify)_____________________ Don't know No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	

Q607: What are the common symptoms of STIs in women? **(DO NOT READ OUT OPTIONS, IF LOCAL TERMINOLOGIES ARE USED ASK FOR CLERIFICATIONS, CIRCLE APPROPRIATE OPTION)** **(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	Waist/Abdominal pains Genital discharge Foul smelling discharge Burning pains on urination Genital ulcers/sores Swellings in groin area Itching Other (Specify) Don't know No response	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	
Q608: Have you ever had any of these STIs?	Yes No Don't know No response	1 2 => 8 9		**Q612**
609: Did you go for treatment the last time you had the STIs?	Yes No Don't know No response	1 2 => 8 9		**Q611**
610: Who paid for the treatment? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Neighbor/s Relatives CBOs/FBOs working with CUBS CBOs/FBOs of other project Other (specify)_________________ Don't know No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
Q611: If no to question Q609 why did you not go for treatment? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	No money to pay for medicine No medicine available at facility Do not like modern medicine Other (specify) ______________________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	
Q612: In what specific ways has your behavior on HIV/STIs changed based on your involvement in the (Name of CBO/FBO) project activities? **(DO NOT READ OUT OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	No change in behavior Abstained from sex Avoided unscreened blood Avoided use of unsterilized needle/sharps Reduced number of sexual partner Maintained only one sexual partner Used condoms during sexual intercourse Avoided casual sex Avoided sharing of skin piercing object Other (Specify)___________________ Don't know No response	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2	
Q613: Which other aspects of your life has been influenced by your involvement in	Self confidence Self respect	1 1	2 2	

the (name CBO/FBO) project activities? **(DO NOT READ OUT OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	See self as role model Feel more responsible for own actions Feel more responsible to help others Other (Specify) ___________________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	
Q614: How would you rate your level of knowledge about HIV and other STI received from this project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Don't know No response	1 2 3 4 8 9		
SECTION 7: ECONOMIC STRENGTHENING & OTHER SKILLS In this section, we would like to ask you about your involvement in economic strengthening activities and other skills for your household and how these have affected the economic and social situations of your family.				
Q701: Which of the following economic strengthening and family skills training have you ever benefited? **(DO NOT READ OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Economic empowerment training Parenting skills training Seed grant in kind Linkages to microfinance institutions Linkages to government agencies for additional support Compendium of economic opportunities in the communities Other (Specify) _________________________ No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
Q702: Who provided these economic strengthening and family skill training?	CUBS CBO/FBO staff/volunteer Other CBO/FBO LGA Other (specify)___________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	
Q703: Have you ever participated in business (income generation activities--IGA) training organized by CUBS (CBO/FBO)?	Yes No Don't know No response	1 2 => 8 9		**Q705**

Question	Response	Code	Skip
Q704: What type of skills did you receive from the business (IGA) training? **(DO NOT READ OUT OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, CIRCLE-- yes = 1, no = 2)**	Assessing business opportunities Business management Financial accounting Savings Nutrition & home stead gardening Hygiene Other (Specify)_______________________ Don't know No response	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q705: Are you currently involved in a business venture?	Yes No Don't know No response	1 => 2 8 9	**Q707**
Q706: What are the reason/s why you are not involved in a business venture	_____________________________________ _____________________________________ _____________________________________		
Q707: Is the business venture a result of the IGA training provided by CUBS (CBO/FBO)?	Yes No Don't know No response	1 2 8 9	
Q708: What business are you currently involved in? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Fashion design/tailoring Hair dressing Arts (design & embroidery) Interior decoration Catering/cooking Bead making Petty trading (e.g. food stuff, provision store) Others (specify) _______________ Don't know No response	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q709: Which of the trainings/skills received helped you the most in this business? **(MULTIPLE RESPONSE POSSIBLE, CIRCLE 1 = yes, 2 = no)**	Assessing business opportunities Business management Financial accounting Savings Nutrition & home stead gardening Hygiene Other (Specify)_______________________ Don't know	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	

	No response	1 2	
Q710: Were you given seed money through CUBS (CBO/FBO) project to start/run the business?	Yes No Don't know No response	1 2 => 8 9	**Q714**
Q711: How much were you given to start/run your business?	Amount ______________________________		
Q712: Was this amount sufficient to start-up/run your business venture?	Yes No Don't know No response	1 2 8 9	
Q713: Is the business generating enough profit to sustain your family?	Yes No Don't know No response	1 2 8 9	
Q714: Do you think your life and that of your family have changed for the better since you started the IGA?	Yes No Don't know No response	1 2 => 8 9	**Q716**
Q715: In what specific ways has the business venture helped you to take care of the needs of your family?	______________________________ ______________________________ ______________________________		
Q716: Where you involved in the CUBS (CBO/FBO) project parenting skills training?	Yes No Don't know No response	1 2 => 8 9	**Q718**
Q717: What specific things did you learn during the parenting skills training by the CUBS project?	______________________________ ______________________________ ______________________________		

Q718: Which of the economic strengthening or parenting skills benefited from the CUBS project is/are most useful to you and your family?	________________________________ ________________________________ ________________________________		
Q719: How would you rate your satisfaction on the economic strengthening support received from the CUBS (CBO/FBO) project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9	
Q720: How would you rate your satisfaction on the parenting skills received from the CUBS (CBO/FBO) project?	Not satisfactory Fairly satisfactory Satisfactory Very satisfactory Excellent Don't know No response	1 2 3 4 5 8 9	

Q721: Please rate the following information/services that you/your FOVC received from the CUBS project with respect to their importance in changing her life for the better? **(READ OUT INFO/SERVICES & ALL OPTIONS & CIRCLE ONE ON EACH OF THEM)** **(MULTIPLE RESPONSE POSSIB LE: 1= not important, 2 = fairly important, 3 = important, 4 = very important, 5 = most important)**	*Info/Services*					
	Education	1	2	3	4	5
	Reproductive Health	1	2	3	4	5
	HIV/AIDS Information	1	2	3	4	5
	Caregiver involvement in IGA	1	2	3	4	5

SECTION 8: HIV COUNSELLING & TESTING

In this section we will obtain information from you about your attitudes towards HIV testing. The information that you provide shall be kept with almost secrecy.

Q801: How can a person know that he/she has HIV? **(DO NOT READ OUT OPTIONS)** **(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	By going for a test By going for HIV counselling & testing Other (Specify)____________________ Don't know No response	1 1 1 1 1	2 2 2 2 2	

Q802: Do you know of a place where a person can go for an HIV test?	Yes	1		
	No	2 =>		**Q806**
	Don't know	8		
	No response	9		
Q803: I don't want to know the results, have you ever been tested for HIV?	Yes	1		
	No	2 =>		**Q806**
(INTERVIEWER: DO NOT ASK FOR THE RESULT)	Don't know	8		
	No response	9		
Q804: How long ago where you tested for HIV?	Less than three months	1		
	Three to six months	2		
	Seven to one year	3		
	Over one year	4		
	Don't know	8		
	No response	9		
Q805: If **yes** (to Q803), what are the reasons you did the test?	To know my HIV status	1	2	
	To know how to protect myself against HIV	1	2	
(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)	To play safe	1	2	
	Because of marriage	1	2	
	I had a talk about it	1	2	
	My friends did/are doing it	1	2	
	Other (Specify)_____________________	1	2	
	Don't know	1	2	
	No response	1	2	
		1	2	
Q806: If no (to Q802 & Q803), are you willing to go for HIV test now or in the future?	Yes	1 =>		**Q809**
	No	2		
	Don't know	8		
	No response	9		
Q807: If no (to Q806) why don't you want to go for test?	I cannot be infected with HIV	1	2	
	I'm afraid the result might be positive	1	2	**Q809**
(MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)	I'm not interested in knowing my HIV status	1	2	**Q809**
	I'm afraid what people will say	1	2	**Q809**
	Fear of being infected during test	1	2	**Q809**
	Other (Specify)_______________________	1	2	**Q809**
	Don't know	1	2	**Q809**
	No response	1	2	**Q809**
Q808: Why do you think you cannot be infected?	___________________________________			
(QUESTION FOR ONLY THOSE WHO SAID THEY CANNOT BE INFECTED OR NO RESPONSE, OR DON'T KNOW)	___________________________________			
	___________________________________			
	___________________________________			

	________________________________ ________________________________ ________________________________			
Q809: If you are positive, who would you be willing to disclose your status to? **(READ OUT ALL OPTION; MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	No, not to anybody Close friends & associates Family member & relatives Health worker/officials Colleagues at workplace Anyone who should know Other (Specify)____________________ Don't know No response	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	**Q811**
Q810: If **willing to disclose** HIV result to somebody, why would you do so? **MULTIPLE RESPONSE POSSIBLE, yes = 1, no = 2)**	To find solution to the problem To help reduce the spread of the disease To be able to get necessary help Other (Specify)____________________ Don't know No response	1 1 1 1 1 1	2 2 2 2 2 2	**All END**
Q811: If **not willing to disclose** HIV result to somebody, why would you not want to do so?	Fear of their reaction Stigma & discrimination Shame & disgrace Effect on social status Would like to spread to others Other (Specify) ____________________ Don't know No response	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	

THE END

Thank you for your time, and for providing us with these valuable information

4. CONSENT/SCREENING FORM

CUBS Operations Research: End-Line Study

Intervention Group: Female OVC Aged 12-17 Screening/Informed Consent Form

Purpose of the study:

Intervention Group: We are a research team working with Management Sciences for Health (MSH)/Africare (CUBS project) and (name of local NGO) to gather information from you on the services that you have received since you and your family joined this project. Also, we would be gathering information on benefits from your involvement, economic empowerment activities, challenges and constraints, what make female OVC more vulnerable, and other inform that you think may be helpful for us to make the project better.

Time required for your participation: The maximum time required of your participation is 1 hour and 30 minutes.

Potential Risk of Study: There are no potential risks of your participation in this study. The information you provide will be combined with those of other members of your community and will not be traced back to you nor be used against you in anyway.

Benefits: Your involvement in this study will help us with valuable information that will be fed back to the project to provide better services that will meet your needs.

Participation: Note that your participation in this study is completely voluntary. Also, be aware that if you decide to participate now, you may stop participation at any time, and you may decide not to answer any specific question.

INTERVIEWER MARK (X) WHERE APPLICABLE

1. Would you like to participate in this study? Yes________ No _______

ONLY FOR THOSE WHO WOULD LIKE TO PARTICIPATE

Signature or thump print of female OVC

____

Interviewer Note: No name is required, and if not comfortable with signature or thump print, leave plank.

CUBS Operations Research: End-Line Study

Control Group: Female OVC Aged 12-17 Screening/Informed Consent Form

Purpose of the study:

Control Group: We are a research team working with Management Sciences for Health (MSH)/Africare (CUBS project) and (name of local NGO) to gather information on your needs in this household. We would like to obtain information on factors influencing female OVC vulnerability, your specific needs, and challenges and constraints in having these needs met. We would like to gather information from you about these areas mentioned with the hope that information that we obtain may lead to program intervention in your community in the future.

Time required for your participation: The maximum time we would take from you is 1 hour and 30 minutes.

Potential Risk of Study: There are no potential risks of your participation in this study. The information you provide will be combined with those of other members of your community and will not be traced back to you nor be used against you in anyway.

Benefits: Your involvement in this study will help us with valuable information that may lead to program intervention in your community in the future.

Participation: Note that your participation in this study is completely voluntary. Also, be aware that if you decide to participate now, you may stop participation at any time, and you may decide not to answer any specific question.

INTERVIEWER MARK (X) WHERE APPLICABLE

1. Would you like to participate in this study? Yes________ No _______

ONLY FOR THOSE WHO WOULD LIKE TO PARTICIPATE

Signature or thump print of OVC Aged 12-17

____

Interviewer Note: No name is required, and if not comfortable with signature or thump print, leave plank.

CUBS Operations Research: End-Line Study

Intervention Group: Caregiver Screening/Informed Consent Form

Purpose of the study:

Intervention Group: We are a research team working with Management Sciences for Health (MSH)/Africare (CUBS project) and (name of local NGO) to gather information from you on the services that you have received since you and your family joined this project. Also, we would be gathering information on benefits from your involvement, economic empowerment activities, challenges and constraints, what make female OVC more vulnerable, and other inform that you think may be helpful for us to make the project better. We would be asking your female OVC aged 12-17 similar questions as well.

Time required for your participation: The maximum time required of your time is 1 hour and 30 minutes.

Potential Risk of Study: There are no potential risks of your participation in this study. The information you provide will be combined with those of other members of your community and will not be traced back to you nor be used against you in anyway.

Benefits: Your involvement in this study will help us with valuable information that will be fed back to the project to provide better services for your female OVC and yours as well.

Participation: Note that your participation in this study is completely voluntary. Likewise, the participation of the female OVC aged 12-17 in your household is completely voluntary. Also, be aware that if you decide to participate now, you may stop participation at any time, and you may decide not to answer any specific question.

INTERVIEWER MARK (X) WHERE APPLICABLE

1. Would you like to participate in this study? Yes________ No _______
2. Would you like your female OVC aged 12-17 to participate in this study? Yes___________ No _____________

ONLY FOR THOSE WHOSE RESPONSE IS "YES" FOR THEMSELVES & THEIR FEMALE OVC

Signature or thump print of caregiver

____

Interviewer Note: No name is required, and if not comfortable with signature or thump print, leave plank.

CUBS Operations Research: End-Line Study

Control Group: Caregiver Screening/Informed Consent Form

Purpose of the study:

Control Group: We are a research team working with Management Sciences for Health (MSH)/Africare (CUBS project) and (name of local NGO) to gather information on the needs of OVC in your household with specific focus on female OVC aged 12-17. We would like to obtain information on factors influencing female OVC vulnerability, their specific needs, and challenges and constraints in having these needs met. We would like to gather information from you and your female OVC aged 12-17 about these areas with the hope that these may lead to program intervention in your community in the future.

Time required for your participation: The maximum time required from you and your female OVC is 1 hour and 30 minutes each.

Potential Risk of Study: There are no potential risks of your participation in this study. The information you provide will be combined with those of other members of your community and will not be traced back to you nor be used against you in anyway.

Benefits: Your involvement in this study will help us with valuable information that may lead to program intervention in your community in the future.

Participation: Your participation in this study is completely voluntary. Likewise, the participation of the female OVC aged 12-17 in your household is completely voluntary. Also, be aware that if you decide to participate now, you may stop participation at any time, and you may decide not to answer any specific question.

INTERVIEWER MARK (X) WHERE APPLICABLE

1. Would you like to participate in this study? Yes________ No _______
2. Would you like your female OVC aged 12-17 to participate in this study?
   Yes___________ No _____________

ONLY FOR THOSE WHOSE RESPONSE IS "YES" FOR THEMSELVES & THEIR FEMALE OVC

Signature or thump print of caregiver

____

Interviewer Note: No name is required, and if not comfortable with signature or thump print, leave blank.

5. COMMUNITIES VISITED BY THE OR TEAM IN AKWA-IBOM AND GOMBE STATE

Name of community	Intervention		Comparison	
	Urban	**Rural**	**Urban**	**Rural**
Akwa-Ibom State				
IkotMfon		X		
IkotUdo Otto		X		
IkotAkama		X		
IkotUnya		X		
IkotAbasiNsit		X		
NkimItam		X		
AfahaItam		X		
Mbakuyo		X		
Uguo		X		
MinyaNtak		X		
AfiaNsitUduaNko		X		
Mbokporo II		X		
EdemEkpat		X		
IkotNtuenNsit	X			
AfahaNsit	X			
AffiaNsit	X			
EffiatIkot Edo	X			
Ikot Use Oku				X
Ikot Annie itam				X
AfahaItam	X			
AfahaIman				X
MbakItam				X
Ikpa				X
UruaOkok				X
Mkpeye				X
IkotEkpaw				X
Eteben				X
MbakNsit				X
NdomUtim				X
IkotUdoAbia				X
IkotIwud				X
IkotObioAtan				X
ObioOffot			X	
AffiaOffot			X	
ObioEttoi			X	
Ikot Oku ubo			X	

Gombe State				
Arawa	X			
Kwadou	X			
Lapan		X		
School of special Education		X		
Bolari		X		
Kushi		X		
Tungo		X		
Lapandintai		X		
Kalorgu		X		
Ture		X		
Kalaring		X		
Zangaina			X	
Wurolonde			X	
Borunde				X
Karel				X
London Mai				X
Lakidir				X
Stock				X
Kulishin				X

6. LIST OF DOCUMENTS REVIEWED

- Adolescent Reproductive Health in Nigeria (October 2011)
- Annex 3: Monitoring, Evaluation, and Reporting (MER) Framework, Enhanced Gender –Focused (EGF) Programming, Community- Based Support (CUBS) Project
- Community –Based Support for Orphans and Vulnerable Children (CUBS), Annual Report October 1, 2010 – September 30, 2011
- CUBS Project Location in Akwa Ibom (December 2012)
- CUBS Project Location in Gombe (December 2012)
- CUBS Operations Research Partners (April 8, 2013)
- Community- Based Support (CUBS) Project: Methodological Framework for Operations Research (OR) on female Orphans and Vulnerable Children (OVC) and Female Caregivers in Nigeria
- DRAFT PROGRAM DESCRIPTION FOR COMMENTS ONLY
- Scale- Up of Care and Support Services for Orphans and Vulnerable Children (OVC) in Selected State in Nigeria
- Developing a Sustainable Educational strategy for Orphans and Vulnerable Children in Nigeria (2011)
- Introducing New Gombe SPO – kabati Baba Tokara (May 7, 2013)
- Integrated Reproductive Health and HIV Prevention for Female Adolescent OVC and Caregivers (October 2009)
- Literature review on Sexual and Reproductive Health Rights: Universal Access to Services, focusing on east and Southern African and South Asia
- Meeting Young Women's Sexual and Reproductive health Needs in Nigeria (April2009)
- More Financial Report – January Vouchers (April 26, 2013)
- Performance Monitoring and Evaluation Plan. October 7 2009 to October 6 2014
- Request for Additional Information on Approach to Operations Research on Key OVC Interventions (September 1, 2011)
- Reproduction Health Programs for Young Adults: SCHOOL- BASED PROGRAMS
- Reproductive Health Indicator Moving Forward
- Section c –Description/ Specifications/ Statement of Work
- MMC Detailed Work plan for CUBS OVC Operation Research (OR) January, 2013 to March, 2014 Participants Attendance List Community Support for OVC Project (CUBS)

7. LIST STAKEHOLDERS

OR Africare Team (Nigeria)

Orode Doherty	Country Director
Sarah Amahson	Gender Advisor
Shike Adekeye	Senior Program Manager
Se-ember Bunde	Gender Program Assistant
Ifeyinwa Okafor	OR Assistant

OR Management Sciences for Health (MSH) Team (Nigeria)

Zipporah Kpamor	Chief of Party
Oby Onoh	Associate Director M&E
Ugboga Adaji	Associate Director OVC

OR MSH/Africare Team (USA)

Joshua Volle	Director of Monitoring, Evaluation & Learning (Africare)
Navindra Persaud	Global Technical Lead, Health Information Systems (MSH)

MiraMonitor Consulting Limited OR Team

Muyiwa Oladosun (Team lead)	Principal Investigator
Igbaver Isaac Ieren	Research M&E Manager
Femi Oladosu	Coordinator Technical
Lionel Ogwuike	Senior Admin Officer
Grace Ichaka	Secretary/Admin Officer
Mary Isaac	Technical Officer
Marcel Ezugwu	Account Officer
Adewale Emmanuel	Account Officer
Uta Ememaqua	Admin Assistant
Richard Akinola	Admin Assistant

Africare OR CUBS Staff Akwa Ibom State

Doris Brendan	State Program Officer
Barau Danlami	Project Assistant

State Ministry of Women Affairs

Bernadette Udoekwere	Director, Child Welfare

Akwa Ibom State SACA (AKSACA)

Dr. Francis Udo Ikpow	Chairman

NGOs/ CSO Akwa Ibom State

Applicant Welfare & National Development Centre (AWANDEC)

EkanemIyang	CEO
Angela E. Iyang	M&E Officer

Silverline Development Initiative (SDI)

Ekujere Camillius	Executive Director
Onuoha Elizabeth	Admin Officer
Ndifreke Nelson Abasi	M&E Officer

Women & Community Livelihood Foundation (WOCLIF)

Uduak I. Umoh	CEO
Michael M. Effiong	Program officer
David J. Okon	M&E Officer

Womenalive Development Initiative (WODIN)

Sarki Mary Job	Executive Director
Manaki Kini	Account Officer
Godiya Sarki	M&E Officer
Victor Sunday Sam	Finance Officer

Women United for Economic Empowerment (WUEE)

Iniobong E. Frank	CEO
Vivian V Chima	Program Officer
Mfon Nse Bassy	M&E Officer
Emem F. Ekpo	Financial Officer

Management Sciences for Health (MSH) Gombe State

Kabati Baba Tokara	State Program Officer (SPO)
Stephen Shadrach	M&E Specialist
Ibrahim Abdulkarim Kwami	Intern (MSH)

MDAs (SACA & NACA)

Delilah Jalo	Community Mobilization Officer
Maiyamba Denis	D. Director Child

NGOs/CSOs Gombe State

Centre for Community Health & Development International (CHAD Int'l)

Peter T. Adebuyi	Office Manager
Ifenayi Anozie	M&E Officer

DOMA Education Development Foundation (DEDF)

Shaibu M. Shaibu	M&E Officer
Edebeatu Chigozie	M&E Assistant
Adam Aliya	Finance Officer
Paul Ansule	Human Resource Officer

Knightingale Women & Health Initiative (KWHI)

Lois S Yerima	Program Manager
Daniel Ngalbang	Program Officer
Elias Malachi	Finance Officer
Hassana Ishfanus	Finance assistant
Jacob Jonah	M&E Assistant